Part I | Financial Assistance and Certain Other Community Benefits at Cost

1a. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.  
1b. If "Yes," was it a written policy?  
   - Yes [X]  
   - No [ ]  

2. If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.  
   - [X] Applied uniformly to all hospital facilities  
   - [ ] Applied uniformly to most hospital facilities  
   - [ ] Generally tailored to individual hospital facilities  

3. Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization’s patients during the tax year.  
   a. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?  
      - If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  
        - [X] 100%  
        - [ ] 150%  
        - [ ] 200%  
        - [ ] Other  
        - [ ] [ ] [ ] %  
   b. Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:  
      - [X] 200%  
      - [ ] 250%  
      - [ ] 300%  
      - [ ] 350%  
      - [X] 400%  
      - [ ] Other  
      - [ ] [ ] [ ] %  
   c. If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.  
   d. Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to a patient who was eligible for free or discounted care to "medically indigent"?  
      - If "Yes," did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to "medically indigent"?  
      - [X] Yes  
      - [ ] No  

4. Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medical indigent"?  
   - If "Yes," did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medical indigent"?  
   - [X] Yes  
   - [ ] No  

5a. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  
   b. If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?  
   c. If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?  
   d. Did the organization prepare a community benefit report during the tax year?  
   e. If "Yes," did the organization make it available to the public?  

7. Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Financial Assistance at cost (from Worksheet 1)</td>
<td>3</td>
<td>3,877</td>
<td>6,803,186.</td>
<td>6,803,186.</td>
<td>.95%</td>
<td></td>
</tr>
<tr>
<td>b. Medicaid (from Worksheet 3, column a)</td>
<td>34</td>
<td>46,579</td>
<td>77,808,493</td>
<td>63,841,494</td>
<td>13,966,999.</td>
<td>1.95%</td>
</tr>
<tr>
<td>c. Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>37</td>
<td>50,456</td>
<td>84,611,679</td>
<td>63,841,494</td>
<td>20,770,185.</td>
<td>2.90%</td>
</tr>
<tr>
<td>d. Total Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>71</td>
<td>78,019</td>
<td>2,632,654.</td>
<td>150,534.</td>
<td>2,482,120.</td>
<td>.35%</td>
</tr>
<tr>
<td>f. Health professions education (from Worksheet 5)</td>
<td>11</td>
<td>1,608</td>
<td>3,918,543.</td>
<td>1,064,961.</td>
<td>2,853,582.</td>
<td>.40%</td>
</tr>
<tr>
<td>g. Subsidized health services (from Worksheet 6)</td>
<td>27</td>
<td>43,487</td>
<td>19,297,976</td>
<td>11,261,127</td>
<td>8,036,849.</td>
<td>1.12%</td>
</tr>
<tr>
<td>h. Research (from Worksheet 7)</td>
<td>3</td>
<td>44</td>
<td>32,833.</td>
<td>32,833.</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>i. Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>47</td>
<td>61,219</td>
<td>1,142,240.</td>
<td>53,590.</td>
<td>1,088,650.</td>
<td>.15%</td>
</tr>
<tr>
<td>j. Total, Other Benefits</td>
<td>159</td>
<td>184,377</td>
<td>27,024,246.</td>
<td>12,530,212.</td>
<td>14,494,034.</td>
<td>2.02%</td>
</tr>
<tr>
<td>k. Total, Add lines 7d and 7j</td>
<td>196</td>
<td>234,833</td>
<td>111,635,925</td>
<td>76,371,706</td>
<td>35,264,219.</td>
<td>4.92%</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
## Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physical improvements and housing</td>
<td>1</td>
<td>30</td>
<td>719.</td>
<td>719.</td>
<td>.00%</td>
</tr>
<tr>
<td>2 Economic development</td>
<td>3</td>
<td>137</td>
<td>3,753.</td>
<td>75.</td>
<td>3,678.</td>
</tr>
<tr>
<td>3 Community support</td>
<td>2</td>
<td>83</td>
<td>966.</td>
<td>966.</td>
<td>.00%</td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td>1</td>
<td>1,255</td>
<td>6,299.</td>
<td>6,299.</td>
<td>.00%</td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td>1</td>
<td>1,500</td>
<td>1,774.</td>
<td>1,774.</td>
<td>.00%</td>
</tr>
<tr>
<td>6 Coalition building</td>
<td>2</td>
<td>393</td>
<td>1,896.</td>
<td>1,896.</td>
<td>.00%</td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td>1</td>
<td>1,500</td>
<td>1,774.</td>
<td>1,774.</td>
<td>.00%</td>
</tr>
<tr>
<td>8 Workforce development</td>
<td>2</td>
<td>393</td>
<td>1,896.</td>
<td>1,896.</td>
<td>.00%</td>
</tr>
<tr>
<td>9 Other</td>
<td>10</td>
<td>3,398</td>
<td>15,407.</td>
<td>75.</td>
<td>15,332.</td>
</tr>
</tbody>
</table>

### Part III Bad Debt, Medicare, & Collection Practices

#### Section A. Bad Debt Expense

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?  
   - Yes [X]  
   - No

2. Enter the amount of the organization’s bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.  
   - 14,920,550.

3. Enter the estimated amount of the organization’s bad debt expense attributable to patients eligible under the organization’s financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.  
   - 0.

4. Provide in Part VI the text of the footnote to the organization’s financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

#### Section B. Medicare

5. Enter total revenue received from Medicare (including DSH and IME)  
   - 228,266,679.

6. Enter Medicare allowable costs of care relating to payments on line 5  
   - 250,898,599.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  
   - -22,631,720.

8. Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

   - Check the box that describes the method used:  
     - [ ] Cost accounting system  
     - [X] Cost to charge ratio  
     - [ ] Other

#### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year?  
   - Yes [X]  
   - No

9b. If "Yes," did the organization’s collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

### Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 FOREST PARK IMAGING, LLC</td>
<td>IMAGING SERVICES</td>
<td>52.89%</td>
<td>47.11%</td>
<td></td>
</tr>
<tr>
<td>2 MAGNETIC RESONANCE SERVICES, LLC</td>
<td>MRI SERVICES</td>
<td>49.00%</td>
<td>51.00%</td>
<td></td>
</tr>
<tr>
<td>3 MASON CITY AMBULATORY SURGERY CENTER, LLC</td>
<td>AMBULATORY SURGICAL</td>
<td>51.00%</td>
<td>49.00%</td>
<td></td>
</tr>
<tr>
<td>4 MERCY HEART CENTER OUTPATIENT OUTPATIENT SERVICES, ECHOCARDIOGRAPHY AND LLC</td>
<td>NUCLEAR MEDICINE SERVICES</td>
<td>51.00%</td>
<td>49.00%</td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Management Companies and Joint Ventures

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>SURGICAL CENTER OWNS AND LEASES SURGICAL BUILDING ASSOCIATES, LLC</td>
<td></td>
<td>35.00%</td>
<td></td>
<td>65.00%</td>
</tr>
<tr>
<td>6</td>
<td>SIOUXLAND SURGERY AMBULATORY SURGICAL CENTER, LLP (D/B/A SERVICES DUNES SURGICAL HOSPITAL)</td>
<td></td>
<td>30.94%</td>
<td></td>
<td>44.46%</td>
</tr>
<tr>
<td>7</td>
<td>HEALTH MANAGEMENT AMBULATORY SURGICAL SERVICES, LLC SVCS, OCCUPATIONAL HLTH SVCS AND PRIMARY CARE PHYS SVCS</td>
<td></td>
<td>50.00%</td>
<td></td>
<td>50.00%</td>
</tr>
<tr>
<td>8</td>
<td>NORTH IOWA HEALTHCARE PROVIDERS AND COMMUNITY HEALTHCARE, MANAGEMENT SERVICES LLC</td>
<td></td>
<td>20.50%</td>
<td></td>
<td>41.00%</td>
</tr>
<tr>
<td>9</td>
<td>PREFERRED HEALTH CHOICES, LLC MANAGEMENT SERVICES</td>
<td></td>
<td>50.00%</td>
<td></td>
<td>50.00%</td>
</tr>
<tr>
<td>10</td>
<td>UNITED CLINICAL LABORATORIES, INC. MEDICAL LABORATORY</td>
<td></td>
<td>33.33%</td>
<td></td>
<td>33.33%</td>
</tr>
</tbody>
</table>
Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year?
6

Name, address, primary website address, and state license number
(and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Website</th>
<th>License Number</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCY MEDICAL CENTER - NORTH IOWA</td>
<td>1000 FOURTH STREET SW, MASON CITY, IA 50401</td>
<td><a href="http://WWW.MERCYNORTHIOWA.COM">WWW.MERCYNORTHIOWA.COM</a></td>
<td>170023H</td>
<td>X X X X</td>
</tr>
<tr>
<td>MERCY MEDICAL CENTER - DUBUQUE</td>
<td>250 MERCY DRIVE, DUBUQUE, IA 52001</td>
<td><a href="http://WWW.MERCYDUBUQUE.COM">WWW.MERCYDUBUQUE.COM</a></td>
<td>310003H</td>
<td>X X X</td>
</tr>
<tr>
<td>MERCY MEDICAL CENTER - SIoux CITY</td>
<td>801 FIFTH STREET, SIoux CITY, IA 51102</td>
<td><a href="http://WWW.MERCYSIOUXCITY.COM">WWW.MERCYSIOUXCITY.COM</a></td>
<td>970112H</td>
<td>X X X</td>
</tr>
<tr>
<td>MERCY MEDICAL CENTER - NEW HAMPTON</td>
<td>308 NORTH MAPLE AVE, NEW HAMPTON, IA 50659</td>
<td><a href="http://WWW.MERCYNEWHAMPTON.COM">WWW.MERCYNEWHAMPTON.COM</a></td>
<td>190022H</td>
<td>X X X</td>
</tr>
<tr>
<td>DUNES SURGICAL HOSPITAL</td>
<td>600 N. SIOUX POINT ROAD, DAKOTA DUNES, SD 57049</td>
<td><a href="http://WWW.DUNESSURGICALHOSPITAL.COM">WWW.DUNESSURGICALHOSPITAL.COM</a></td>
<td>10580</td>
<td>X X</td>
</tr>
<tr>
<td>MERCY MEDICAL CENTER - DYERSVILLE</td>
<td>1111 THIRD STREET SW, DYERSVILLE, IA 52040</td>
<td><a href="http://WWW.MERCYDUBUQUE.COM/MERCY-DYERSVILLE">WWW.MERCYDUBUQUE.COM/MERCY-DYERSVILLE</a></td>
<td>310181H</td>
<td>X X X</td>
</tr>
</tbody>
</table>

Facility reporting group:
Licensed hospital
Gen. medical & surgical
Children's hospital
Teaching hospital
Critical access hospital
ER 24 hours
Other (describe)
**Part V Facility Information (continued)**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Section B. Facility Policies and Practices**

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Community Health Needs Assessment

1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? □ Yes □ No

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C □ Yes □ No

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 □ Yes □ No

   If "Yes," indicate what the CHNA report describes (check all that apply):
   - □ A definition of the community served by the hospital facility
   - □ Demographics of the community
   - □ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   - □ How data was obtained
   - □ The significant health needs of the community
   - □ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   - □ The process for identifying and prioritizing community health needs and services to meet the community health needs
   - □ The process for consulting with persons representing the community's interests
   - □ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
   - □ Other (describe in Section C)

4. Indicate the tax year the hospital facility last conducted a CHNA: 2016

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted □ Yes □ No

6a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C □ Yes □ No

   If "Yes," list the other organizations in Section C

7. Did the hospital facility make its CHNA report widely available to the public? □ Yes □ No

   If "Yes," indicate how the CHNA report was made widely available (check all that apply):
   - □ Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C
   - □ Other website (list url):
   - □ Made a paper copy available for public inspection without charge at the hospital facility
   - □ Other (describe in Section C)

8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 □ Yes □ No

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 2016

10. Is the hospital facility's most recently adopted implementation strategy posted on a website? □ Yes □ No

   If "Yes," list the other organizations attached to this return

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? □ Yes □ No

   If "Yes," to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? □ Yes □ No

   If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
### Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: **MERCY MEDICAL CENTER - NORTH IOWA**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Income level other than FPG (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Asset level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Medical indigency</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e Insurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The FAP was widely available on a website (list url):</td>
<td><a href="http://WWW.MERCYNORTHIOWA.COM/BUSINESS-OFFICE">WWW.MERCYNORTHIOWA.COM/BUSINESS-OFFICE</a></td>
<td></td>
</tr>
<tr>
<td>b The FAP application form was widely available on a website (list url):</td>
<td>SEE PART V, PAGE 8</td>
<td></td>
</tr>
<tr>
<td>c A plain language summary of the FAP was widely available on a website (list url):</td>
<td>SEE PART V, PAGE 8</td>
<td></td>
</tr>
<tr>
<td>d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Billing and Collections

#### Name of hospital facility or letter of facility reporting group

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17  Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
<td><img src="https://example.com/no-icon.png" alt="No" /></td>
</tr>
<tr>
<td>18  Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
</tr>
<tr>
<td>a  Reporting to credit agency(ies)</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>b  Selling an individual’s debt to another party</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>d  Actions that require a legal or judicial process</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>e  Other similar actions (describe in Section C)</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>f  None of these actions or other similar actions were permitted</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
</tr>
<tr>
<td>19  Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
</tr>
<tr>
<td>a  Reporting to credit agency(ies)</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>b  Selling an individual’s debt to another party</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>d  Actions that require a legal or judicial process</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>e  Other similar actions (describe in Section C)</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>20  Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
</tr>
<tr>
<td>a  Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>b  Made a reasonable effort to orally notify individuals about the FAP and FAP application process</td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>c  Processed incomplete and complete FAP applications</td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>d  Made presumptive eligibility determinations</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>e  Other (describe in Section C)</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>f  None of these efforts were made</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
</tbody>
</table>

### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21  Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?</td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>If &quot;No,&quot; indicate why:</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
</tr>
<tr>
<td>a  The hospital facility did not provide care for any emergency medical conditions</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>b  The hospital facility’s policy was not in writing</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
<tr>
<td>d  Other (describe in Section C)</td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
<td><img src="https://example.com/no-icon.png" alt="Not applicable" /></td>
</tr>
</tbody>
</table>
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

a  [x] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period.

b  [ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period.

c  [ ] The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period.

d  [ ] The hospital facility used a prospective Medicare or Medicaid method.

During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.
## Community Health Needs Assessment

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

- **1**: Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- **2**: Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.
- **3**: During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.

#### If "Yes,"
- **a**: A definition of the community served by the hospital facility
- **b**: Demographics of the community
- **c**: Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- **d**: How data was obtained
- **e**: The significant health needs of the community
- **f**: Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- **g**: The process for identifying and prioritizing community health needs and services to meet the community health needs
- **h**: The process for consulting with persons representing the community's interests
- **i**: The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- **j**: Other (describe in Section C)

#### If "No,"
- **12a**: Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- **12b**: If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- **12c**: If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?

---

### Part V Facility Information (continued)

#### Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group**

**MERCY MEDICAL CENTER - SIOUX CITY**

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### Part V Facility Information

- **9**: Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.

#### If "Yes,"
- **a**: Indicate the tax year the hospital facility last conducted a CHNA:
- **b**: Indicate how the CHNA report was made widely available (check all that apply):
  - Made a paper copy available for public inspection without charge at the hospital facility
  - Other (describe in Section C)
- **c**: The process for identifying and prioritizing community health needs and services to meet the community health needs
- **d**: The process for consulting with persons representing the community's interests
- **e**: The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- **f**: Other (describe in Section C)

#### If "No,
- **7**: Did the hospital facility make its CHNA report widely available to the public?
- **8**: Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA?
- **9**: Indicate the tax year the hospital facility last adopted an implementation strategy:

#### If "Yes,"
- **10**: If "Yes," indicate how the CHNA report was made widely available (check all that apply):
- **11**: Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

#### If "No,
- **12a**: Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- **12b**: If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- **12c**: If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?
### Part V Facility Information (continued)

#### Financial Assistance Policy (FAP)

**Name of hospital facility or letter of facility reporting group**  
MERCY MEDICAL CENTER - SIOUX CITY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>13</td>
<td>X</td>
</tr>
</tbody>
</table>

If "Yes," indicate the eligibility criteria explained in the FAP:

- [X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%
- [ ] Income level other than FPG (describe in Section C)
- [X] Asset level
- [X] Medical indigency
- [X] Insurance status
- [X] Underinsurance status
- [ ] Residency
- [X] Other (describe in Section C)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explained the basis for calculating amounts charged to patients?</td>
<td>14</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explained the method for applying for financial assistance?</td>
<td>15</td>
<td>X</td>
</tr>
</tbody>
</table>

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

- [X] Described the information the hospital facility may require an individual to provide as part of his or her application
- [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- [X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- [ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- [ ] Other (describe in Section C)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was widely publicized within the community served by the hospital facility?</td>
<td>16</td>
<td>X</td>
</tr>
</tbody>
</table>

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- [X] The FAP was widely available on a website (list url):  [WWW.MERCYSIOUXCITY.COM/FOR-PATIENTS](http://WWW.MERCYSIOUXCITY.COM/FOR-PATIENTS)
- [X] The FAP application form was widely available on a website (list url):  [WWW.MERCYSIOUXCITY.COM/FOR-PATIENTS](http://WWW.MERCYSIOUXCITY.COM/FOR-PATIENTS)
- [X] A plain language summary of the FAP was widely available on a website (list url):  [SEE PART V, PAGE 8](http://SEE PART V, PAGE 8)
- [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- [X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP
- [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- [X] Other (describe in Section C)
**Part V Facility Information**

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group**  
MERCY MEDICAL CENTER - SIOUX CITY

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Policy Relating to Emergency Medical Care**

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d  Other (describe in Section C)

---

Schedule H (Form 990) 2016
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
   a Yes The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
   b No The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
   c No The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
   d No The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? 
   If "Yes," explain in Section C.
   23 X

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? 
   If "Yes," explain in Section C.
   24 X
Name of hospital facility or letter of facility reporting group: **MERCY MEDICAL CENTER - DUBUQUE**

**Part V Facility Information (continued)**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If &quot;No,&quot; skip to line 12</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community's interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 Indicate the tax year the hospital facility last conducted a CHNA: 2014

5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

7 Did the hospital facility make its CHNA report widely available to the public?

8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 2014

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?

b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
Name of hospital facility or letter of facility reporting group: MERCY MEDICAL CENTER - DUBUQUE

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of ___% and FPG family income limit for eligibility for discounted care of ___%</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>b Income level other than FPG (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Asset level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Medical indigency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Insurance status</td>
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<td></td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td>15</td>
<td></td>
</tr>
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<td>If &quot;Yes,&quot; indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td></td>
<td></td>
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<td>b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
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</tr>
<tr>
<td>c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
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<td>d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
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<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
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</tr>
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<td>e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
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<td>f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
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</tr>
<tr>
<td>g Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td>
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<td></td>
</tr>
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<td>h Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
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</tr>
<tr>
<td>i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Billing and Collections

**Name of hospital facility or letter of facility reporting group**: MERCY MEDICAL CENTER - DUBUQUE

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:**

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)

- None of these actions or other similar actions were permitted

**Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?**

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP

- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)

**Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):**

- Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- Processed incomplete and complete FAP applications
- Made presumptive eligibility determinations
- Other (describe in Section C)

- None of these efforts were made

---

**Policy Relating to Emergency Medical Care**

**Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?**

- Yes

If "No," indicate why:

- The hospital facility did not provide care for any emergency medical conditions
- The hospital facility’s policy was not in writing
- The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- Other (describe in Section C)
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: MERCY MEDICAL CENTER - DUBUQUE

22. Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
   a. [X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
   b. [ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
   c. [ ] The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
   d. [ ] The hospital facility used a prospective Medicare or Medicaid method

23. During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?
   If "Yes," explain in Section C.

24. During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?
   If "Yes," explain in Section C.
**Part V  Facility Information (continued)**

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>DUNES SURGICAL HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</td>
<td>5</td>
</tr>
</tbody>
</table>

### Community Health Needs Assessment

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," indicate what the CHNA report describes (check all that apply):

- A definition of the community served by the hospital facility
- Demographics of the community
- Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- How data was obtained
- The significant health needs of the community
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- The process for identifying and prioritizing community health needs and services to meet the community health needs
- The process for consulting with persons representing the community's interests
- The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- Other (describe in Section C)

| 4 | Indicate the tax year the hospital facility last conducted a CHNA: | 20 15 |

| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | X |

<table>
<thead>
<tr>
<th>6a</th>
<th>Was the hospital facility's CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>6b</td>
<td>Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td>X</td>
</tr>
</tbody>
</table>

| 7 | Did the hospital facility make its CHNA report widely available to the public? | X |

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

- Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C
- Other website (list url): SEE SCHEDULE H, PART V, SECTION C
- Made a paper copy available for public inspection without charge at the hospital facility
- Other (describe in Section C)

| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | X |

| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: | 20 15 |

| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | X |

| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | |

<table>
<thead>
<tr>
<th>12a</th>
<th>Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>12b</td>
<td>If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
</tr>
<tr>
<td>12c</td>
<td>If &quot;Yes&quot; to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?</td>
<td>$</td>
</tr>
</tbody>
</table>

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**Schedule H (Form 990) 2016**

**MERCY HEALTH SERVICES - IOWA, CORP.** 31-1373080 Page 4

**632094 11-02-16**

**10450510 794151 3200 2016.05070 MERCY HEALTH SERVICES - IOWA 32001**
Financial Assistance Policy (FAP)

### Name of hospital facility or letter of facility reporting group
DUNES SURGICAL HOSPITAL

#### Part V Facility Information

**Financial Assistance Policy (FAP)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>and FPG family income limit for eligibility for discounted care of</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>Income level other than FPG (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical indigency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance status</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Residency</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>14</td>
<td>X</td>
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<tr>
<td>Explained the basis for calculating amounts charged to patients?</td>
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<tr>
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<td>Explained the method for applying for financial assistance?</td>
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<td>Other (describe in Section C)</td>
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<td></td>
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<tr>
<td>16</td>
<td>X</td>
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<tr>
<td>Was widely publicized within the community served by the hospital facility?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The FAP was widely available on a website (list url):</td>
<td>SEE PART V, PAGE 8</td>
<td></td>
</tr>
<tr>
<td>The FAP application form was widely available on a website (list url):</td>
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</tr>
<tr>
<td>A plain language summary of the FAP was widely available on a website (list url):</td>
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<td>The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
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</tr>
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<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?

18 Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)
- None of these actions or other similar actions were permitted

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged:

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- Processed incomplete and complete FAP applications
- Made presumptive eligibility determinations
- Other (describe in Section C)
- None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?

If "No," indicate why:

- The hospital facility did not provide care for any emergency medical conditions
- The hospital facility’s policy was not in writing
- The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- Other (describe in Section C)
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

#### Name of hospital facility or letter of facility reporting group
DUNES SURGICAL HOSPITAL

<table>
<thead>
<tr>
<th>22</th>
<th>Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
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<tr>
<td></td>
<td>b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
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<tr>
<td></td>
<td>c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
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<td></td>
<td>d  The hospital facility used a prospective Medicare or Medicaid method</td>
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<td>23</td>
<td>During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</td>
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<tr>
<td></td>
<td>If &quot;Yes,&quot; explain in Section C.</td>
</tr>
<tr>
<td>24</td>
<td>During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; explain in Section C.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>X</td>
</tr>
</tbody>
</table>

| 23 | X  |
| 24 | X  |
### Part V Facility Information (continued)

#### Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group:** MERCY MEDICAL CENTER - NEW HAMPTON

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 4

<table>
<thead>
<tr>
<th>Community Health Needs Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If &quot;No,&quot; skip to line 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>X A definition of the community served by the hospital facility</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>X Demographics of the community</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>X Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>X How data was obtained</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>X The significant health needs of the community</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
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</tr>
<tr>
<td>g</td>
<td>X The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>X The process for consulting with persons representing the community’s interests</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>X The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
</tbody>
</table>

4 Indicate the tax year the hospital facility last conducted a CHNA: 20 15

5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

6a Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

6b Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities? If "Yes," list the other organizations in Section C

7 Did the hospital facility make its CHNA report widely available to the public?

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a | X Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C |

b | Other website (list url): |

c | X Made a paper copy available for public inspection without charge at the hospital facility |

d | Other (describe in Section C) |

8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11

If "Yes," describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 15

10 Is the hospital facility’s most recently adopted implementation strategy posted on a website?

a If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C

b If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?

b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

12b If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
### Financial Assistance Policy (FAP)

**Name of hospital facility or letter of facility reporting group**: MERCY MEDICAL CENTER - NEW HAMPTON

<table>
<thead>
<tr>
<th>Did the hospital facility have in place during the tax year a written financial assistance policy that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
</tr>
<tr>
<td>a □ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%</td>
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<tr>
<td>b □ Income level other than FPG (describe in Section C)</td>
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<tr>
<td>c □ Asset level</td>
</tr>
<tr>
<td>d □ Medical indigency</td>
</tr>
<tr>
<td>e □ Insurance status</td>
</tr>
<tr>
<td>f □ Underinsurance status</td>
</tr>
<tr>
<td>g □ Residency</td>
</tr>
<tr>
<td>h □ Other (describe in Section C)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Explained the basis for calculating amounts charged to patients?</th>
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</thead>
<tbody>
<tr>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Explained the method for applying for financial assistance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
</tr>
</tbody>
</table>

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

| a □ Described the information the hospital facility may require an individual to provide as part of his or her application |
| b □ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application |
| c □ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process |
| d □ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications |
| e □ Other (describe in Section C) |

<table>
<thead>
<tr>
<th>Was widely publicized within the community served by the hospital facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
</tr>
</tbody>
</table>

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

| a □ The FAP was widely available on a website (list url): WWW.MERCYNEWHAMPTON.COM/BILLING |
| b □ The FAP application form was widely available on a website (list url): WWW.MERCYNEWHAMPTON.COM/BILLING |
| c □ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8 |
| d □ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) |
| e □ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) |
| f □ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) |
| g □ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |
| h □ Notified members of the community who are most likely to require financial assistance about availability of the FAP |
| i □ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations |
| j □ Other (describe in Section C) |
Billing and Collections

Name of hospital facility or letter of facility reporting group: MERCY MEDICAL CENTER—NEW HAMPTON

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?

   Yes   No

   17   X

18 Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:

   a ☐ Reporting to credit agency(ies)
   b ☐ Selling an individual’s debt to another party
   c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
   d ☐ Actions that require a legal or judicial process
   e ☐ Other similar actions (describe in Section C)
   f ☒ None of these actions or other similar actions were permitted

   19   X

   If "Yes," check all actions in which the hospital facility or a third party engaged:

   a ☐ Reporting to credit agency(ies)
   b ☐ Selling an individual’s debt to another party
   c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
   d ☐ Actions that require a legal or judicial process
   e ☐ Other similar actions (describe in Section C)

   20   X

   Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

   a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
   b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
   c ☒ Processed incomplete and complete FAP applications
   d ☒ Made presumptive eligibility determinations
   e ☐ Other (describe in Section C)
   f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?

   Yes   No

   21   X

   If "No," indicate why:

   a ☐ The hospital facility did not provide care for any emergency medical conditions
   b ☐ The hospital facility’s policy was not in writing
   c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
   d ☒ Other (describe in Section C)
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group  MERCY MEDICAL CENTER—NEW HAMPTON

22  Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

   a  X  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period

   b  No The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period

   c  No The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period

   d  No The hospital facility used a prospective Medicare or Medicaid method

23  During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?  X

   If "Yes," explain in Section C.

24  During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?  X

   If "Yes," explain in Section C.
### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If &quot;No,&quot; skip to line 12</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community’s interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Indicate the tax year the hospital facility last conducted a CHNA:

<table>
<thead>
<tr>
<th>Line</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>2014</td>
</tr>
</tbody>
</table>

#### In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.

#### Did the hospital facility make its CHNA report widely available to the public?

<table>
<thead>
<tr>
<th>Line</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C.

<table>
<thead>
<tr>
<th>Line</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

#### Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.

<table>
<thead>
<tr>
<th>Line</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6b</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

#### Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.

<table>
<thead>
<tr>
<th>Line</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### Indicate the tax year the hospital facility last adopted an implementation strategy:

<table>
<thead>
<tr>
<th>Line</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>2014</td>
</tr>
</tbody>
</table>

#### Is the hospital facility’s most recently adopted implementation strategy posted on a website?

<table>
<thead>
<tr>
<th>Line</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

#### Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?

<table>
<thead>
<tr>
<th>Line</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### If "Yes" to line 10a, is the hospital facility’s most recently adopted implementation strategy attached to this return?

<table>
<thead>
<tr>
<th>Line</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10b</td>
<td></td>
<td>X</td>
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</tbody>
</table>

#### Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

#### Did the organization file Form 4720 to report the section 4959 excise tax?

<table>
<thead>
<tr>
<th>Line</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

<table>
<thead>
<tr>
<th>Line</th>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12b</td>
<td></td>
<td>X</td>
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</table>

#### If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12c</td>
<td>$</td>
</tr>
</tbody>
</table>
Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? ........................................... 13 X

   If "Yes," indicate the eligibility criteria explained in the FAP:

   a  Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %
   and FPG family income limit for eligibility for discounted care of 400 %
   b  Income level other than FPG (describe in Section C)
   c  Asset level
   d  Medical indigency
   e  Insurance status
   f  Underinsurance status
   g  Residency
   h  Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients? ...................................................... 14 X

15 Explained the method for applying for financial assistance? ................................................................. 15 X

   If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)
   explained the method for applying for financial assistance (check all that apply):

   a  Described the information the hospital facility may require an individual to provide as part of his or her application
   b  Described the supporting documentation the hospital facility may require an individual to submit as part of his
       or her application
   c  Provided the contact information of hospital facility staff who can provide an individual with information
       about the FAP and FAP application process
   d  Provided the contact information of nonprofit organizations or government agencies that may be sources
       of assistance with FAP applications
   e  Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility? .................................................. 16 X

   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

   a  The FAP was widely available on a website (list url):  SEE PART V, PAGE 8
   b  The FAP application form was widely available on a website (list url):  SEE PART V, PAGE 8
   c  A plain language summary of the FAP was widely available on a website (list url):  SEE PART V, PAGE 8
   d  The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   e  The FAP application form was available upon request and without charge (in public locations in the hospital
       facility and by mail)
   f  A plain language summary of the FAP was available upon request and without charge (in public locations in
       the hospital facility and by mail)
   g  Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,
       by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public
       displays or other measures reasonably calculated to attract patients' attention
   h  Notified members of the community who are most likely to require financial assistance about availability of the FAP
   i  The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)
       spoken by LEP populations
   j  Other (describe in Section C)
### Billing and Collections

**Name of hospital facility or letter of facility reporting group**: MERCY MEDICAL CENTER - DYERSVILLE

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17  Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</td>
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<td>X</td>
</tr>
<tr>
<td>18  Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a  Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d  Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e  Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f  None of these actions or other similar actions were permitted</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19  Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a  Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
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<td></td>
</tr>
<tr>
<td>d  Actions that require a legal or judicial process</td>
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<td></td>
</tr>
<tr>
<td>e  Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20  Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a  Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b  Made a reasonable effort to orally notify individuals about the FAP and FAP application process</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c  Processed incomplete and complete FAP applications</td>
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<td></td>
</tr>
<tr>
<td>d  Made presumptive eligibility determinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e  Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f  None of these efforts were made</td>
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<td></td>
</tr>
</tbody>
</table>

### Policy Relating to Emergency Medical Care

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<thead>
<tr>
<th>Question</th>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21  Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

If "No," indicate why:

|   a  The hospital facility did not provide care for any emergency medical conditions | | |
|   b  The hospital facility’s policy was not in writing                          | | |
|   c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | |
|   d  Other (describe in Section C)                                             | | |
Part V Facility Information (continued)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group  MERCY MEDICAL CENTER - DYERSVILLE

22  Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
   a  [X]  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period.
   b  [ ]  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period.
   c  [ ]  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period.
   d  [ ]  The hospital facility used a prospective Medicare or Medicaid method.

23  During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?  

   If "Yes," explain in Section C.

   23  X

24  During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

   If "Yes," explain in Section C.

   24  X
MERCY MEDICAL CENTER–NORTH IOWA:

PART V, SECTION B, LINE 5: DURING THE 2016 CHNA ASSESSMENT PERIOD MERCY MEDICAL CENTER–NORTH IOWA (MERCY NI) WORKED WITH AN INDEPENDENT CONSULTANT TO DESIGN AND COORDINATE THE CHNA PROCESS. THE ASSESSMENT PERIOD SPANNED AUGUST 2016 THROUGH JANUARY 2017 WITH ADOPTION OF THE CNHA ON MARCH 1, 2017 BY THE BOARD OF DIRECTORS.

DURING THE ASSESSMENT PERIOD, MERCY NI'S TRAINED FACILITATOR LEAD A SERIES OF FOCUS GROUPS AND INTERVIEWS WHICH WERE HELD WITH MEMBERS OR REPRESENTATIVES OF THE FOLLOWING GROUPS: LA LUZ HISPANA, HAMPTON, IA, WHICH PROVIDES SUPPORT AND RESOURCES TO AN UNDERSERVED HISPANIC COMMUNITY; COMMUNITY KITCHEN, WHICH SERVES FOOD TO THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY; FREE MEDICAL AND DENTAL CLINICS, WHICH SERVE THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY; AND THE COMMUNITY CARE COORDINATION PROGRAM, WHICH ASSISTS THOSE WHOM ARE SOCIALLY AND MEDICALLY UNDERSERVED.

THE FOLLOWING NONPROFIT COMMUNITY AGENCIES ALSO CONTRIBUTED IN THE FOCUS GROUPS AND INTERVIEWS: CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, NORTH IOWA COMMUNITY ACTION ORGANIZATIONS, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, UNITED WAY OF NORTH CENTRAL IOWA, AND WELLSOURCE OF NORTH IOWA, ALL OF WHICH ADDRESS THE NEEDS OF THOSE WHO ARE UNDERSERVED AND LIVING IN POVERTY IN THE COMMUNITY. A CHNA STEERING COMMITTEE, COMPRISED OF A REPRESENTATIVE FROM EACH OF THESE COMMUNITY AGENCIES, SUMMARIZED AND ANALYZED DATA THAT WAS OBTAINED FROM THE FOLLOWING: THE COUNTY HEALTH RANKINGS FOR THE 14 COUNTIES IN THE MERCY NI SERVICE AREA, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, COMMUNITY COMMONS WEBSITE,
CHNA GOALS FROM THE PUBLIC HEALTH DEPARTMENTS IN EACH OF THE 14 COUNTIES,
AND A SURVEY MONKEY QUESTIONNAIRE DISTRIBUTED TO MERCY NI EMPLOYEES AND
OTHER AGENCIES. ALL OF THESE DATA SOURCES WERE SUMMARIZED AND INFORMATION
PROVIDED TO A SEPARATE ADVISORY COMMITTEE, A GATHERING OF AGENCY
REPRESENTATIVES. THE ADVISORY COMMITTEE THEN PRIORITIZED THE IDENTIFIED
HEALTH NEEDS, BASED ON THE AVERAGE SCORE GIVEN BY COMMITTEE MEMBERS.

MERCY MEDICAL CENTER—SIOUX CITY:

PART V, SECTION B, LINE 5: IN 2015 DUNES SURGICAL HOSPITAL (DUNES),
MERCY MEDICAL CENTER—SIOUX CITY (MERCY SC), SIOUXLAND DISTRICT HEALTH
DEPARTMENT (SDHD), AND UNITPOINT HEALTH—ST. LUKE'S PARTNERED TOGETHER
TO COMPLETE THE FIRST EVER JOINT CHNA TO DETERMINE THE COMMUNITY'S
GREATEST HEALTH NEEDS AND TO COORDINATE EFFORTS TO IMPROVE POPULATION
HEALTH OUTCOMES FOR THE SIOUXLAND AREA.

THE YEAR-LONG PROCESS INCLUDED COLLABORATION OF REPRESENTATIVES FROM EACH
ORGANIZATION, KNOWN AS THE CHNA PLANNING COMMITTEE, AS WELL AS ENGAGEMENT
FROM THE COMMUNITY PARTNERS LISTED ON LINE 6B.

BEGINNING IN EARLY 2015, PRIMARY AND SECONDARY DATA WAS COLLECTED THROUGH
SEVERAL SOURCES, AND ANALYZED BY THE CHNA PLANNING COMMITTEE. A COMMUNITY
INPUT MEETING WAS HELD DURING THE SUMMER OF 2015, WHILE FINAL SUBMISSION

THE JOINT CHNA LOOKED AT DATA FROM THE FOLLOWING SIX COUNTIES IN THE
TRI-STATE SIOUXLAND AREA, AS EACH HOSPITAL SERVES A LARGER TERRITORY
OUTSIDE OF JUST WOODBURY COUNTY:
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- UNION, SD
- DAKOTA, DIXON, AND THURSTON, NE
- PLYMOUTH AND WOODBURY, IA

MERCY MEDICAL CENTER - DUBUQUE:


ALL OF THE ORGANIZATIONS LISTED ON LINE 6B, PLUS MERCY MEDICAL CENTER - DYERSVILLE (MERCY DYM), PARTICIPATED IN DEVELOPMENT OF THE PROCESS, ANALYSIS OF DATA, CONTRIBUTION OF ADDITIONAL DATA, IDENTIFICATION OF NEEDS, PRIORITIZATION OF NEEDS, AND STRATEGY DEVELOPMENT. MANY OF THEM SERVE POPULATIONS AT RISK IN THE COMMUNITY, INCLUDING LOW INCOME AND MINORITY POPULATIONS, AND SPOKE OF THEIR NEEDS. THE PROCESS VARIED BY ORGANIZATION, BUT MANY OF THESE TASK FORCE MEMBERS TOOK THE INFORMATION BACK TO THEIR ORGANIZATIONS, DISCUSSED IT, AND RETURNED WITH ADDITIONAL INPUT OR IDEAS.
THE DUBUQUE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY WAS FIELDED BETWEEN DECEMBER 2014 AND MARCH 2015. THE SURVEY'S BASIC RACIAL/ETHNIC DEMOGRAPHICS ARE REASONABLY REPRESENTATIVE OF THE COMMUNITY AT LARGE. THE SURVEY RESPONDENTS WERE 95.1% WHITE, NON-HISPANIC, COMPARED TO 92.9% FOR DUBUQUE COUNTY IN 2012. TO ACCOMMODATE LOW-INCOME HOUSEHOLDS THAT LACKED ACCESS TO THE INTERNET, SOME PAPER VERSIONS OF THE SURVEY WERE MADE AVAILABLE. AS NOTED IN THE SURVEY FINDINGS, THERE WERE OCCASIONAL DIFFERENCES IN THE OPINIONS OF WHITE NON-HISPANIC COMPARED TO OTHER SURVEY RESPONDENTS.

THE THIRD WAY OF SOLICITING INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY WERE THE THREE PUBLIC INPUT SESSIONS CONDUCTED IN LATE APRIL AND EARLY MAY 2015. TO ACCOMMODATE WORK SCHEDULES AND TO ENCOURAGE DIVERSITY AMONG THOSE ATTENDING, THE SESSIONS OCCURRED ON DIFFERENT DAYS, IN DIFFERENT LOCATIONS, AND AT DIFFERENT TIMES OF DAY.

THE CITY OF DUBUQUE, ONE OF THE PARTNERS IN THIS ASSESSMENT PROJECT, HAS BEEN USING AN INFORMAL "COMMUNITY CAFE" FORMAT FOR INCREASING COMMUNITY ENGAGEMENT IN A VARIETY OF COMMUNITY PROJECTS. BASED ON THEIR SUCCESS AND THE FAMILIARITY OF THE COMMUNITY WITH THIS CONCEPT, WE CHOSE TO EMPLOY IT FOR THE CHNA.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 5: IN 2015 DUNES, MERCY SC, SDHD, AND UNITYPOINT HEALTH – ST. LUKE'S PARTNERED TOGETHER TO COMPLETE THE FIRST EVER JOINT CHNA TO DETERMINE THE COMMUNITY'S GREATEST HEALTH NEEDS AND TO COORDINATE EFFORTS TO IMPROVE POPULATION HEALTH OUTCOMES FOR THE SIOUXLAND AREA.
THE YEAR-LONG PROCESS INCLUDED COLLABORATION OF REPRESENTATIVES FROM EACH ORGANIZATION, KNOWN AS THE CHNA PLANNING COMMITTEE, AS WELL AS ENGAGEMENT FROM THE COMMUNITY PARTNERS LISTED ON LINE 6B.


THE JOINT CHNA LOOKED AT DATA FROM THE FOLLOWING SIX COUNTIES IN THE TRI-STATE SIOUXLAND AREA, AS EACH HOSPITAL SERVES A LARGER TERRITORY OUTSIDE OF JUST WOODBURY COUNTY:

-Union, SD

-Dakota, Dixon, and Thurston, NE

-Plymouth and Woodbury, IA

MERCY MEDICAL CENTER—NEW HAMPTON:

PART V, SECTION B, LINE 5: THE ASSESSMENT PROCESS WAS INITIATED BY MERCY MEDICAL CENTER—NEW HAMPTON (MERCY NH). A PLANNING TEAM WAS FORMED CONSISTING OF REPRESENTATIVES FROM HOSPITAL GOVERNANCE, LEADERSHIP AND MEDICAL STAFF, AREA EMPLOYERS, SCHOOL DISTRICTS, AND AREA HEALTH PROFESSIONALS.

FACILITATED BY AN OUTSIDE CONSULTANT, THREE SEPARATE DISCUSSION GROUPS WERE HELD LOCALLY IN DECEMBER 2015. THE GROUPS REPRESENTED VARYING SECTORS IN THE COMMUNITY: (1) SOCIAL SERVICE PARTNERS, (2) PATIENTS, AND (3) COMMUNITY/BUSINESS REPRESENTATIVES. THERE WAS A 72% RESPONSE TO

MERCY HEALTH SERVICES - IOWA, CORP. 31-1373080

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INVITATIONS TO PARTICIPATE. THE PATIENT GROUP WAS PULLED RANDOMLY FROM A
PATIENT LISTING OVER THE PRECEDING SIX MONTHS, SOCIAL SERVICE PARTNERS
WERE A CROSS-SECTION OF THE AGENCIES MERCY NH WORKS CLOSELY WITH, AND
COMMUNITY LEADERS/BUSINESS OWNERS WERE SELECTED FOR THEIR KNOWLEDGE OF THE
COMMUNITY.

SEVEN PARTICIPANTS WERE FROM OUTSIDE NEW HAMPTON (FREDERICKSBURG, LAWLER
AND ALTA VISTA); ALL OTHERS WERE FROM NEW HAMPTON.

THE OUTSIDE CONSULTANT COLLATED AND ANALYZED THE FOCUS GROUP RESULTS WITH
SUPPORT FROM MERCY NI'S PLANNING & MARKETING TEAM IN MASON CITY. MERCY NH
ALSO USED OTHER MECHANISMS TO GATHER COMMUNITY INPUT ON SERVICES:
SURVEYS, PATIENT FEEDBACK, AND SERVICE UTILIZATION DATA. DATA SOURCES
INCLUDED COUNTY HEALTH RANKINGS, THE IOWA HOSPITAL ASSOCIATION, THE
ADVISORY BOARD AND THE DEPARTMENT OF HEALTH & HUMAN SERVICES.

MERCY NH WAS CAREFUL TO GATHER INPUT FROM REPRESENTATIVES OF VARIOUS
MINORITY AND UNDERSERVED INDIVIDUALS INCLUDING: LOW INCOME/UNDERSERVED
(SALVATION ARMY, PUBLIC HEALTH AND HERITAGE RESIDENCE REPRESENTATIVES); chronIC CONDITIONS (AREA NURSING HOME, MENTAL HEALTH AND HOSPICE
REPRESENTATIVES); AND RACIAL/ETHNIC MINORITY (HISPANIC MINISTER FROM HOLY
FAMILY).

MERCY MEDICAL CENTER–DYERSVILLE:

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS GATHERED THROUGH
THE FOLLOWING: THE INVOLVEMENT OF THE CHNA STEERING COMMITTEE MEMBERS AND
THE PROMOTING HEALTH BEHAVIORS TASK FORCE, A SURVEY, AND THREE PUBLIC
INPUT SESSIONS.


ALL OF THE ORGANIZATIONS LISTED ON LINE 6B, PLUS MERCY MEDICAL CENTER - DUBUQUE (MERCY DUB) PARTICIPATED IN DEVELOPMENT OF THE PROCESS, ANALYSIS OF DATA, CONTRIBUTION OF ADDITIONAL DATA, IDENTIFICATION OF NEEDS, PRIORITIZATION OF NEEDS, AND STRATEGY DEVELOPMENT. MANY OF THEM SERVE POPULATIONS AT RISK IN THE COMMUNITY, INCLUDING LOW INCOME AND MINORITY POPULATIONS, AND SPOKE OF THEIR NEEDS. THE PROCESS VARIED BY ORGANIZATION, BUT MANY OF THESE TASK FORCE MEMBERS TOOK THE INFORMATION BACK TO THEIR ORGANIZATIONS, DISCUSSED IT, AND RETURNED WITH ADDITIONAL INPUT OR IDEAS.

THE DUBUQUE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY WAS FIELDED BETWEEN DECEMBER 2014 AND MARCH 2015. THE SURVEY'S BASIC RACIAL/ETHNIC DEMOGRAPHICS ARE REASONABLY REPRESENTATIVE OF THE COMMUNITY AT LARGE. THE SURVEY RESPONDENTS WERE 95.1% WHITE, NON-HISPANIC, COMPARED TO 92.9% FOR DUBUQUE COUNTY IN 2012. TO ACCOMMODATE LOW-INCOME HOUSEHOLDS THAT LACKED ACCESS TO THE INTERNET, SOME PAPER VERSIONS OF THE SURVEY WERE MADE AVAILABLE. AS NOTED IN THE SURVEY FINDINGS, THERE WERE OCCASIONAL DIFFERENCES IN THE OPINIONS OF WHITE NON-HISPANIC COMPARED TO OTHER SURVEY...
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RESPONDENTS.

THE THIRD WAY OF SOLICITING INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY WERE THE THREE PUBLIC INPUT SESSIONS CONDUCTED IN LATE APRIL AND EARLY MAY 2015. To accommodate work schedules and to encourage diversity among those attending, the sessions occurred on different days, in different locations, and at different times of day.

THE CITY OF DUBUQUE, ONE OF THE PARTNERS IN THIS ASSESSMENT PROJECT, HAS BEEN USING AN INFORMAL "COMMUNITY CAFE" FORMAT FOR INCREASING COMMUNITY ENGAGEMENT IN A VARIETY OF COMMUNITY PROJECTS. Based on their success and the familiarity of the community with this concept, we chose to employ it for the CHNA.

MERCY MEDICAL CENTER-SIOUX CITY:

PART V, SECTION B, LINE 6A: MERCY SC'S CHNA WAS CONDUCTED WITH ST. LUKE'S REGIONAL MEDICAL CENTER AND DUNES SURGICAL HOSPITAL.

MERCY MEDICAL CENTER-DUBUQUE:

PART V, SECTION B, LINE 6A: MERCY DUB CONDUCTED ITS CHNA WITH MERCY Dyr AND UNITYPOINT HEALTH-FINLEY HOSPITAL, DUBUQUE.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6A: DUNES' CHNA WAS CONDUCTED WITH MERCY SC AND ST. LUKE'S REGIONAL MEDICAL CENTER.

MERCY MEDICAL CENTER-Dyersville:
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6A: MERCY Dyr Conducted Its CHNA with MERCY Dub AND Unitypoint Health—Finley Hospital, Dubuque.

MERCY MEDICAL CENTER—NORTH IOWA:

PART V, SECTION B, LINE 6B: MERCY NI Conducted Its CHNA with the Following Non-Hospital Organizations:

Cerro Gordo County Department of Public Health, North Iowa Community Action Organizations, Prairie Ridge Integrated Behavioral Healthcare, United Way of North Central Iowa, WellsSource of North Iowa, La Luz HISPANa, Community Kitchen of North Iowa, North Iowa Dental Clinic for the Uninsured and Underinsured, Cerro Gordo County Free Health Care Clinic, Mason City Area Chamber of Commerce, North Iowa Vocational Center, WellsSource of North Iowa, Mason City Public Library, Mason City YMca, North Iowa Community Action Organization, Blue Zones Project, North Iowa Transition Center, Elderbridge Agency on Aging, KIMT Television Station, Rhythm Church, Mason City Youth Task Force, Prairie Ridge Integrated Behavioral Healthcare, Central Park Dentistry, Mason City School System, Salvation Army of Mason City, Hy-Vee Pharmacy, Cerro Gordo County Law Enforcement Center, Northern Lights Alliance for the Homeless, Iowa Workforce Development, Newman Catholic School, First Citizens National Bank, Probation/Parole Manager 2nd Judicial District, Mason City Police Department, Mason City Paratransit, Charlie Brown Preschool, Iowa Specialty Hospital, Families First, Iowa Legal Aid, and North Iowa Youth for Christ.
mercymedical center-sioux city:

part v, section b, line 6b: mercy sc conducted its chna in collaboration

with: boys town, center for siouxland, community action agency of

siouxland, center for sexual abuse & domestic violence, jackson recovery

centers (substance abuse), jackson recovery centers spf-sig (underage),

mercy home care, mercy medical center, mercy child advocacy center,

planned parenthood - navigator (elderly), poison center, simpco

(physically challenged/general population), connection area agency on

aging, siouxland cares, siouxland community health center, siouxland
district health center, siouxland district health department, siouxland

human investment partnership, siouxland mental health center, unity point

- st. luke's, susan g. komen (cancer), and the foodbank of siouxland.

mercymedical center-dubuque:

part v, section b, line 6b: mercy dub conducted its chna with the

following non-hospital organizations:

- city of dubuque health services

- dubuque county health department

- crescent community health center

- city of dubuque leisure services

- ymca/ywca

- holy family school district

- hyvee dietitian services

- wic

- hillcrest family services

- helping services of ne iowa

- dubuque community schools
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- VISITING NURSE ASSOCIATION
- MEDICAL ASSOCIATES CLINIC
- CITY OF DUBUQUE HUMAN RIGHTS DEPARTMENT
- ISU EXTENSION
- CITY OF ASBURY CITY PARKS

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6B: DUNES CONDUCTED ITS CHNA IN COLLABORATION WITH: BOYS TOWN, CENTER FOR SIOUXLAND, COMMUNITY ACTION AGENCY OF SIOUXLAND, CENTER FOR SEXUAL ABUSE & DOMESTIC VIOLENCE, JACKSON RECOVERY CENTERS (SUBSTANCE ABUSE), JACKSON RECOVERY CENTERS SPF-SIG (UNDERAGE), MERCY HOME CARE, MERCY MEDICAL CENTER, MERCY CHILD ADVOCACY CENTER, PLANNED PARENTHOOD - NAVIGATOR (ELDERLY), POISON CENTER, SIMPCO (PHYSICALLY CHALLENGED/GENERAL POPULATION), CONNECTION AREA AGENCY ON AGING, SIOUXLAND CARES, SIOUXLAND COMMUNITY HEALTH CENTER, SIOUXLAND DISTRICT HEALTH CENTER, SIOUXLAND DISTRICT HEALTH DEPARTMENT, SIOUXLAND HUMAN INVESTMENT PARTNERSHIP, SIOUXLAND MENTAL HEALTH CENTER, UNITY POINT - ST. LUKE'S, SUSAN G. KOMEN (CANCER), AND THE FOODBANK OF SIOUXLAND.

MERCY MEDICAL CENTER-DYERSVILLE:

PART V, SECTION B, LINE 6B: MERCY Dyr CONDUCTED ITS CHNA WITH THE FOLLOWING NON-HOSPITAL ORGANIZATIONS:
- CITY OF DUBUQUE HEALTH SERVICES
- DUBUQUE COUNTY HEALTH DEPARTMENT
- CRESCENT COMMUNITY HEALTH CENTER
- CITY OF DUBUQUE LEISURE SERVICES
- YMCA/YWCA
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- HOLY FAMILY SCHOOL DISTRICT
- HYVEE DIETITIAN SERVICES
- WIC
- HILLCREST FAMILY SERVICES
- HELPING SERVICES OF NE IOWA
- DUBUQUE COMMUNITY SCHOOLS
- VISITING NURSE ASSOCIATION
- MEDICAL ASSOCIATES CLINIC
- CITY OF DUBUQUE HUMAN RIGHTS DEPARTMENT
- ISU EXTENSION
- CITY OF ASBURY CITY PARKS

MERCY MEDICAL CENTER-SIoux CITY:

PART V, SECTION B, LINE 7D: PAPER COPIES OF THE CHNA WERE MADE AVAILABLE TO THE COLLABORATIVE PARTNERS LISTED ON LINE 6B.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 7D: PAPER COPIES OF THE CHNA WERE MADE AVAILABLE TO THE COLLABORATIVE PARTNERS LISTED ON LINE 6B.

MERCY MEDICAL CENTER-NORTH IOWA:

PART V, SECTION B, LINE 11: MERCY NI ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS WITHIN ITS IMPLEMENTATION STRATEGY IN TAX YEAR 2016:

LACK OF MENTAL HEALTH PROVIDERS/SUPPORT SERVICES:
**TO ADDRESS THE LACK OF MENTAL HEALTH PROVIDERS, MERCY NI HIRED ONE ADVANCED REGISTERED NURSE PRACTITIONER (ARNP) SPECIFICALLY TO SUPPORT BEHAVIORAL HEALTH SERVICES. ADDITIONALLY, ONE LICENSED INDEPENDENT SOCIAL WORKER (LISW) WAS EMPLOYED TO PROVIDE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) TELEMEDICINE SERVICES. TO FURTHER ADDRESS MENTAL HEALTH SUPPORT SERVICES, MERCY NI BEGAN PROJECT PREPARATION AND PLANNING SURROUNDING NEW CONSTRUCTION OF A BEHAVIORAL HEALTH CENTER THAT BROKE GROUND IN OCTOBER 2017.**

**LACK OF SOCIAL AND EMOTIONAL SUPPORT:**

GROUND BREAKING FOR THE NEW BEHAVIORAL HEALTH CENTER TOOK PLACE OCTOBER 4TH, 2017. WITH THE PLANNING FOR A BEHAVIORAL HEALTH CENTER, STRATEGIES WILL BE IMPLEMENTED IN THE UPCOMING THREE YEARS WITH A GOAL TO MAXIMIZE SERVICE AVAILABILITY FOR THOSE WITH SOCIAL/EMOTIONAL NEEDS, INCREASING ACCESS AND QUALITY OF SUPPORT SERVICES. COMMUNITY HEALTH COORDINATORS, PEER SUPPORTS, HEALTH COACHES AND VOLUNTEER SERVICE PROVIDERS HAVE UNIFIED IN COLLABORATION TO REMOVE SOCIAL AND EMOTIONAL BARRIERS AND PROVIDE SOLUTIONS FOR THOSE AT RISK OF ISOLATION.

**DIABETES:**

A PROJECT MODEL WHICH BEGAN AS A PILOT WITHIN THE PREVIOUS CHNA CYCLE HAS NOW BECOME ROUTINE PRACTICE FOR THE MANAGEMENT OF DIABETIC PATIENTS WITHIN ONE PRIMARY CARE CLINIC. THIS WAS DONE BY INTEGRATING A PHARMACIST INTO THE CARE TEAM. STUDY ANALYSIS INDICATES AN OUTCOME OF A 1% DECREASE IN A1C AND AN OVERALL RISK REDUCTION OF 40%. THIS ALLOWS FOR PATIENT CENTERED GOAL SETTING, PROMOTED BY HEALTH COACHES, WHICH HAS ENHANCED AND EMPOWERED PATIENT CENTERED SELF-MANAGEMENT CARE. MERCY NI ENTERED INTO A

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COLLABORATIVE PARTNERSHIP IN 2017 WITH THE CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH AND THE FAMILY YMCA TO INCREASE AWARENESS BY EDUCATING CITIZENS ON THE PREVENTION OF DIABETES USING LIFE COACHES. THIS IS ALSO AN IOWA STATEWIDE INITIATIVE IN WHICH CERRO GORDO COUNTY AND COLLABORATIVE PARTNERS ARE TAKING PART.

MERCY NI IS NOT DIRECTLY ADDRESSING THE FOLLOWING LISTED NEEDS IN THIS CHNA CYCLE BECAUSE OF COMPETING PRIORITIES, LACK OF RESOURCES, AND DUE TO THE FACT THAT OTHER AGENCIES ARE ALREADY ADDRESSING THESE ISSUES.

COST OF HEALTH CARE:

ALTHOUGH MERCY NI WILL NOT TAKE ADDITIONAL STEPS TO ADDRESS THE COST OF HEALTH CARE, IT WILL CONTINUE TO SUPPORT AND SUSTAIN THE SAFETY NET CARE COORDINATION MODEL INITIATED IN EARLY 2014 IN PARTNERSHIP WITH IOWA PRIMARY CARE ASSOCIATION, IOWA DEPARTMENT OF PUBLIC HEALTH AND LOCAL COMMUNITY PARTNERS (CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH, PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE, NORTH IOWA COMMUNITY ACTION ORGANIZATION, AND WELLSOURCE).

OBESITY:

ALTHOUGH MERCY NI WILL NOT TAKE ADDITIONAL STEPS TO ADDRESS OBESITY, CURRENT BLUE ZONE EFFORTS ACROSS THE COMMUNITY, COUPLED WITH EMPLOYER SPONSORED WELLNESS INITIATIVES HAVE INCREASED AWARENESS OF DIETARY MODIFICATION BY EATING MORE WHOLE FOODS, INCREASING MOVEMENT AND GETTING ENOUGH REST. THERE HAVE ALSO BEEN SIGNIFICANT IMPROVEMENTS WITHIN CERRO GORDO COUNTY OF WALKING AND BIKE PATHS AND PARK ENHANCEMENTS. PENDING DIABETES PREVENTION PROGRAMMING WILL DUPLICATE EFFORTS IN THIS ARENA FOR
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (“A, 1,” “A, 4,” “B, 2,” “B, 3,” etc.) and name of hospital facility.

THE ADULT POPULATIONS AND PUBLIC AND PRIVATE SCHOOLS ARE LEADING EFFORTS FOR CHILDHOOD OBESITY, OF WHICH MERCY NI WILL HELP SUPPORT EFFORTS TO ADDRESS.

HEALTHY FOOD NOT AVAILABLE:

ALTHOUGH MERCY NI WILL NOT TAKE ADDITIONAL STEPS TO ADDRESS HEALTHY, UNPROCESSED, FRESH, NUTRITIOUS, NATURAL FOODS AT THIS TIME, MERCY NI WILL CONTINUE PARTNERING WITH THE FOLLOWING COMMUNITY COLLABORATIVE EVENTS SUCH AS FARMERS MARKETS, COMMUNITY SUPPORTED AGRICULTURE, MEALS ON WHEELS, AND COMMUNITY KITCHEN.

ELDER CARE:

ALTHOUGH MERCY NI WILL NOT TAKE ADDITIONAL STEPS TO ADDRESS ELDER CARE, MERCY NI CONTINUES TO COLLABORATE WITH THE FOLLOWING COMMUNITY PARTNERS:

AGING SERVICES COALITION, ELDERBRIDGE AGENCY ON AGING, LOCAL NURSING HOMES, COMMUNITY CARE COORDINATION PROGRAM, MERCY HOME CARE, AREA PUBLIC HEALTH DEPARTMENTS, NORTH IOWA COMMUNITY ACTION ORGANIZATION, AND NORTH IOWA AREA COMMUNITY COLLEGE.

TRANSPORTATION TO HEALTH APPOINTMENTS:

ALTHOUGH MERCY NI WILL NOT TAKE ADDITIONAL STEPS TO ADDRESS TRANSPORTATION TO HEALTH APPOINTMENTS; MERCY NI SUPPORTS AND CONTRIBUTES FINANCIALLY TO OUR COMMUNITY PARTNER, THE SALVATION ARMY. THE SALVATION ARMY PROVIDES LEADERSHIP AND OVERSIGHT IN PARTNERSHIP WITH OTHER LOCAL COMMUNITY AGENCIES WITHIN CERRO GORDO COUNTY. MERCY NI, THE CITY OF MASON CITY, REGION II TRANSIT, AND THE NORTH IOWA AREA COUNCIL OF GOVERNMENTS COLLABORATIVELY ADDRESS THIS SOCIAL DETERMINATE OF HEALTH THAT AFFECTS
LACK OF MEDICAL PROVIDERS:

ALTHOUGH MERCY NI WILL NOT TAKE ADDITIONAL STEPS TO ADDRESS THE LACK OF
MEDICAL PROVIDERS, MERCY NI HAS RECRUITMENT INITIATIVES IN PLACE TO
RECRUIT AND RETAIN MEDICAL PROVIDERS WITHIN THE COMMUNITY, OF WHICH IT
WILL SUSTAIN WHILE FOCUSING ON PROVIDER SATISFACTION.

MERCY MEDICAL CENTER-SIOUX CITY:

PART V, SECTION B, LINE 11: AFTER REVIEWING ALL INFORMATION AND DATA
AVAILABLE FOR THE 2016 CHNA, THE FOLLOWING SEVEN NEEDS WERE IDENTIFIED FOR
THE SIOUXLAND AREA: TOBACCO/SUBSTANCE ABUSE, OBESITY, TEEN BIRTHS, ACCESS
TO CARE, MENTAL ILLNESS, CANCER SCREENINGS, AND HOUSING. BOTH MERCY SC
AND DUNES TOGETHER HAVE AddressED THESE NEEDS WITHIN THE PAST YEAR.

FOR YEARS, SEVERAL AGENCIES HAVE BEEN WORKING ON TOBACCO AND SUBSTANCE
ABUSE. SIOUXLAND CARES HAS FOCUSED ON YOUTH PREVENTION FOR NEARLY 25
YEARS, AND HAS POSITIVELY IMPACTED THE SUBSTANCE ABUSE NUMBERS LOCALLY. IN
COLLABORATION WITH SIOUXLAND CARES, WE HAVE PROVIDED SEVERAL MEDIA
CAMPAIGNS ABOUT DRINKING AND DRIVING. MERCY SC ALSO COLLABORATED WITH THE
SIOUXLAND DISTRICT HEALTH DEPARTMENT (SDHD) AND WORKED TO PROMOTE
QUITLINE IOWA, 2A'S AND R (ASK, ADVICE, REFER) TRAINING FOR CLINIC STAFF,
AND TO PROMOTE SMOKE FREE MULTI-UNIT HOUSING COMPLEXES, EVENTS, WORKSITES,
AND PARKS. MERCY SC IS PARTNERING WITH THE SIOUXLAND TOBACCO COALITION,
THROUGH THE PARTICIPATION OF THREE MERCY SC BOARD MEMBERS, AND IN PROGRAMS
TO CURB TOBACCO USE INCLUDING LOCALLY PRODUCED TV PUBLIC SERVICE
ANNOUNCEMENTS.
SDHD, MERCY SC, AND DUNES HAVE COLLABORATED TO OFFER THE FOLLOWING PROGRAMS IN FISCAL YEAR 2017:

**TOBACCO/SUBSTANCE ABUSE:**

**SIOUXLAND COMMUNITY HEALTH AND JACKSON RECOVERY** participated in a training provided by MERCY SC, through the Society of Public Health Educators, for smoking cessation & reduction in pregnancy treatment (SCRIPT). SCRIPT is an award-winning, evidence-based program shown to be effective in helping thousands of pregnant women quit smoking. It's designed to be a component of a patient education program for prenatal care providers, and is cited by the Agency for Healthcare Research & Quality's smoking cessation clinical practice guidelines.

**CATCH MY BREATH** is a youth e-cigarette prevention program, whose goal is to increase students' knowledge of e-cigarettes, nicotine and addiction dangers. The aim is to inform and educate teachers, parents, and health professionals in the school/after-school setting to equip students with answers about e-cigarettes to make informed decisions. Curriculum licenses were purchased and provided to 3 middle schools and 12 elementary schools in Sioux City. The program targeted to 11-14 year olds. During fiscal year 2017, the curriculum was available to all middle and elementary schools.

**TWENTY LANDLORDS WERE TRAINED FOR SMOKE FREE HOUSING REGARDING CLEAN INDOOR AIR AND ADDED A LEASE ADDENDUM PROHIBITING SMOKING IN THE HOUSING THEY PROVIDE. THESE LANDLORDS ATTENDED A FOUR HOUR SEMINAR ABOUT TOBACCO AND NICOTINE FREE HOUSING, LEASING, FINDING A GOOD TENANT,**
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

APPLICANTS/APPLICATION PROCESS, AND BACKGROUND CHECKS. EACH LANDLORD THAT ATTENDED RECEIVED A COPY OF "AN APARTMENT MANAGER'S GUIDE", A SAMPLE LEASE ADDENDUM, QUITLINE IOWA PRODUCTS THAT PROMOTE THE PROGRAM, AND INFORMATION ABOUT CESSATION PROGRAMS IN SIOUX CITY. ALL THE INFORMATION THAT WAS PROVIDED AT THE SEMINAR WAS GIVEN TO THE SIOUMLAND RENTAL ASSOCIATION LEADERSHIP TO BE PROVIDED TO INTERESTED MEMBERS.

OBESITY:

FROM 2012 THROUGH 2017, MUCH WORK HAS BEGUN IN THE AREA OF OBESITY PREVENTION. SEVERAL WORKSITES HAVE IMPLEMENTED WELLNESS POLICIES AND A VARIETY OF PROGRAMMING FOR THEIR EMPLOYEES. BLUEZONES PROVIDED TECHNICAL ASSISTANCE IN AIDING SIOUX CITY TO BECOME A CERTIFIED BLUEZONE COMMUNITY WITH CHANGES TO RESTAURANTS, SCHOOLS, WORKPLACES AND THE COMMUNITY. SDHD HAS PROVIDED TECHNICAL ASSISTANCE TO SEVERAL WORKSITES, CHILD-CARE CENTERS, SCHOOLS, CLINICS AND COMMUNITIES ON IMPLEMENTING POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES TO IMPROVE THE HEALTH OF SIOUMLAND RESIDENTS.

SEVERAL OTHER ENTITIES IN THE COMMUNITY, INCLUDING BOTH HOSPITALS, HAVE ALSO IMPLEMENTED A VARIETY OF PROGRAMS, INCLUDING BUT NOT LIMITED TO COMMUNITY GARDENS, COMPLETE STREET RESOLUTIONS, WALKING SCHOOL BUSES, AND FARM TO SCHOOL PROGRAMS.

IN AN EFFORT TO CURB THE PREVALENCE OF OBESITY, MERCY SC EXECUTED KIDS SHAPE, AN 8-WEEK PROGRAM, WHICH INVOLVED LIFESTYLE MODIFICATION FOR BOTH CHILDREN AND FAMILIES, WAS OFFERED IN TWO MAJOR ELEMENTARY SCHOOLS, WITH ASSISTANCE IN DIET EDUCATION, EXERCISE AND RECIPE DEVELOPMENT. WE HAVE ALSO BEEN COLLABORATING WITH THE SIOUMLAND Y FOR "HEALTHY WEIGHT & YOUR CHILD", A FAMILY FOCUSED PROGRAM THAT HELPS KIDS AGES 7-13 YEARS OLD
REACH A HEALTHY WEIGHT AND LIVE A HEALTHIER LIFESTYLE.

ACCESS TO CARE:

THROUGHOUT THE YEAR, SIOUXLAND COMMUNITY HEALTH CENTER STAFFED CERTIFIED APPLICATION COUNSELORS TO ASSIST PATIENTS AT THE HEALTH CENTER AS WELL AS LOCATIONS AROUND THE SIOUXLAND COMMUNITY TO ANSWER QUESTIONS REGARDING THE AFFORDABLE CARE ACT AND ALSO ASSIST CONSUMERS WITH THE ENROLLMENT PROCESS.

COMMUNITY CLINICS' RECRUITMENT OF ADVANCED PRACTICE PROVIDERS SUPPLEMENT NEEDS FOR PRIMARY CARE PHYSICIANS AND SPECIALISTS IN THE SERVICE AREA.

MERCY SC IS LOCATED IN A MEDICALLY UNDERSERVED AREA WHICH ENABLES THE HOSPITAL TO RECRUIT PHYSICIANS WITH J1 WAIVERS. COMMUNITY HOSPITALS SUPPORT/SUBSIDIZE THE SIOUXLAND MEDICAL EDUCATION FOUNDATION RESIDENCY PROGRAM FOR FAMILY PRACTICE PHYSICIANS. MANY OF THESE PHYSICIANS STAY IN THE LOCAL COMMUNITIES UPON GRADUATION.

COMMUNITY URGENT CARE CLINICS AND SIOUXLAND COMMUNITY HEALTH CENTER HAVE EXTENDED HOURS TO ACCOMMODATE NEEDS OF THE PATIENTS' SCHEDULES. IN ADDITION, MERCY SC HAS LED EFFORTS TO ENROLL PEOPLE IN THE INSURANCE EXCHANGE, AS WELL AS PARTNERING WITH SOCIAL SERVICES AGENCIES AND OTHER NON-PROFIT ORGANIZATIONS TO PROVIDE COMMUNITY MEMBERS WITH EASY ACCESS TO Viable INSURANCE OPTIONS.

HOUSING:

MERCY SC AND DUNES COLLABORATED WITH THE SIOUXLAND STREET PROJECT TO ADDRESS HOMELESSNESS IN THE SIOUXLAND AREA. FROM THIS LARGE GROUP, SUB-COMMITTEES WERE FORMED THAT SEEK TO CONCENTRATE IN A SPECIFIC AREA OF...
Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (“A, 1,” “A, 4,” “B, 2,” “B, 3,” etc.) and name of hospital facility.

FOCUS TO ADDRESS THE FACETS THAT ARISE FROM CHRONIC HOMELESSNESS:

DETOXIFICATION/MENTAL ILLNESS, SHELTER, ORGANIZATION REPORTING AND REToolING, SCREENING AND INTAKE, RESEARCH, EDUCATION AND COMMUNITY AWARENESS. THE CONSENSUS IS THAT THE WARMING SHELTER, WHICH OPERATES NIGHTS ONLY, IS NOT SUFFICIENT DURING WINTER TO MEET THE GROWING DEMANDS OF THE HOMELESS. A SHELTER THAT OPERATES 24/7, 365 DAYS A YEAR IS IN NEED. THIS REQUIRES COLLABORATION AND FUNDING FROM ALL AGENCIES INVOLVED. FROM THESE MEETINGS A ONE-MONTH TRIAL RUN WAS FUNDED BY MERCY SC FOR A DAY SHELTER THAT HAS PROVEN TO MEET A DIRE NEED. THE WARMING SHELTER WILL BE OPERATIVE DAY AND NIGHT DURING THE WINTER MONTHS. TRANSPORTATION WILL BE PROVIDED BY A COMMUNITY PARTNER TO AND FROM THE WARMING SHELTER TO THE SOUP KITCHEN.

MERCY SC AND DUNES COORDINATED A PRESENTATION OF DR. WITHERS FROM PITTSBURGH MERCY TO PRESENT STREET MEDICINE, WHICH RESULTED IN A GROUP OF COMMUNITY PARTNERS TO CHAMPION THE STREET MEDICINE PROJECT, LED BY SUNNYBROOK CHURCH. MERCY SC HAS SUPPORTED THIS EFFORT IN BRINGING ACCESS TO CARE FOR THE HOMELESS AT FOUR LOCATIONS. OVER 50 COMMUNITY PARTNERS MEET TO CONTINUE THE WORK FOR THE PLANNING OF THE SIOUXLAND STREET PROJECT. THE OVERARCHING STRATEGIC FOCUS OF THE SESSIONS IS TO BRING A SUPER SHELTER THAT CAN ADDRESS ALL THE NEEDS OF THE HOMELESS POPULATION IN ONE CENTRALIZED LOCATION.

MENTAL ILLNESS:

THROUGHOUT THE YEAR, COLLABORATION HAS OCCURRED TO IMPROVE THE MENTAL ILLNESS THAT IS PREVALENT IN THE SIOUXLAND AREA. SIOUXLAND MENTAL HEALTH HAS BEGUN BOTH THE PEDIATRIC AND ADULT INTEGRATED HOME HEALTH PROGRAM FOR...
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INDIVIDUALS WITH MENTAL HEALTH DIAGNOSIS. MERCY SC, ALONG WITH ST. LUKE'S REGIONAL MEDICAL CENTER, SIOUXLAND COMMUNITY HEALTH CENTER AND SIOUXLAND MENTAL HEALTH, HAVE DEVELOPED A MENTAL HEALTH CARE COORDINATOR POSITION TO WORK WITH INDIVIDUALS WITH A MENTAL HEALTH CONDITION UPON DISCHARGE FROM EITHER HOSPITAL'S ER.

CANCER SCREENING:
MERCY SC PROVIDED PERSONNEL, FINANCIAL, AND PROGRAM DEVELOPMENT SUPPORT TO THE SDHD, WHO OFFER TWO PROGRAMS THAT PROMOTE CANCER SCREENINGS. THE CARE FOR YOURSELF PROGRAM OFFERS MAMMOGRAMS. SDHD STAFF PROVIDE ENROLLMENT AND CASE MANAGEMENT SERVICES FOR WOMEN IN EIGHT SURROUNDING COUNTIES. MERCY SC HAS A PHYSICIAN REFERRAL SYSTEM IN PLACE TO LINK PATIENTS TO THIS PROGRAM.

TEEN BIRTHS WAS IDENTIFIED AS A NEED IN THE COLLABORATIVE CHNA PROCESS WITH SIOUXLAND DISTRICT HEALTH DEPARTMENT AND UNITY POINT-ST. LUKES HOSPITAL. AS UNITY POINT ACCOUNTS FOR THE MAJORITY OF THE BIRTHS IN THE SIOUXLAND AREA, THEY AGREED TO ADDRESS THE NEED. FOR THIS REASON, MERCY SC AND DUNES WILL NOT SPECIFICALLY ADDRESS TEEN BIRTHS.

MERCY MEDICAL CENTER-DUBUQUE:
PART V, SECTION B, LINE 11: THE SIGNIFICANT NEED TO BE ADDRESSED IS OBESITY. OBESITY IS CHARACTERISTIC OF 29% OF DUBUQUE COUNTY ADULTS. THE GOAL IS REDUCE OBESITY AMONG DUBUQUE COUNTY ADULTS TO 27% BY JUNE 30, 2018.

MERCY DUB WAS INVOLVED IN THE FOLLOWING PROJECTS FOR TAX YEAR 2016, TO
HELP REDUCE OBESITY IN OUR COMMUNITY:

MERCY DUB IS A MEMBER OF DUBUQUE COUNTY WELLNESS COALITION AND A PARTNER OF DUBUQUE EATS WELL. WITH THIS, MERCY DUB IS CONNECTED WITH THE IOWA STATE UNIVERSITY DESIGN LAB TO ADDRESS COMMUNITY NEED PROJECTS.

DOUBLE-UP BUCKS PROMOTION - DOUBLES THE VALUE OF THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP). FOR EVERY "BUCK" SPENT, A MATCHED DOLLAR IS GIVEN TO BE EXCLUSIVELY SPENT ON FRUITS AND VEGETABLES AT THE FARMERS MARKET.

SINSINAWA COLLABORATIVE FARM - SERVES THE NEEDS OF BEGINNING FARMERS WITH ACCESS TO LAND, ESPECIALLY TO UNDER-SERVED POPULATIONS, TO GROW FRESH FOODS AND VEGETABLES.

FARM TO INSTITUTIONS NETWORK AND PROCUREMENT - LONG TERM STRATEGIC PLAN FOR INCREASING THE SUPPLY AND DEMAND OF FRESH FRUITS AND VEGETABLES AT INSTITUTIONS.

MERCY DUB PARTNERED WITH DUBUQUE WELLNESS COALITION AND DUBUQUE COMMUNITY SCHOOL DISTRICT TO SPONSOR AN EVENT, "DUBUQUE ON THE MOVE," TO CONNECT COMMUNITY MEMBERS WITH HEALTH AND WELLNESS PROFESSIONALS DURING A WALKING EVENT.

IN EFFORTS FOR WEIGHT REDUCTION, MERCY DUB OFFERS THE FOLLOWING COMMUNITY CLASSES: "12 WEEK WEIGHT LOSS PROGRAM" AND "JUST FOR YOU WEIGHT LOSS PROGRAM". GRANT MONEY IS AVAILABLE FOR COMMUNITY MEMBERS THROUGH MERCY.
DUB'S COMMUNITY BENEFIT MINISTRY PROGRAM FOR THOSE WHO CANNOT AFFORD THE PROGRAM.

MERCY DUB ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. MERCY DUB IS NOT PLANNING TO TAKE ACTION AT THIS TIME ON THE FOLLOWING HEALTH NEEDS:

REDUCING ALCOHOL AND SUBSTANCE ABUSE - NOT INCLUDED FOR ACTION IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE OF OTHER ORGANIZATIONS THAT ARE ALREADY HAVING SOME SUCCESS IN THIS AREA, ESPECIALLY THE SUBSTANCE ABUSE COALITION.

DIABETES SCREENING AND MANAGEMENT - NOT INCLUDED FOR ACTION IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE OF LIMITED RESOURCES, EXISTING PROGRAMS IN THE COMMUNITY, AND COMPETING PRIORITIES.

NONCOMPLIANCE WITH BLOOD PRESSURE MEDICATIONS - NOT INCLUDED FOR ACTION IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE THIS WAS FELT TO BE AN EFFORT BEST HANDLED BY THE MEDICAL COMMUNITY (I.E., INDIVIDUAL PHYSICIANS).

PROSTATE CANCER SCREENING - NOT INCLUDED FOR ACTION IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE OF LIMITED RESOURCES AND COMPETING PRIORITIES.

INSUFFICIENT ACCESS TO MENTAL HEALTH PROVIDERS - NOT INCLUDED FOR ACTION
IN MERCY DUB'S IMPLEMENTATION STRATEGY BECAUSE OF INSUFFICIENT
REIMBURSEMENT FROM INSURANCE AND PUBLIC FUNDING PROGRAMS, AND PROVEN
DIFFICULTY IN RECRUITING SUCH PROFESSIONALS, AT LEAST PARTIALLY BECAUSE OF
THAT LACK OF REIMBURSEMENT.

MORE BILINGUAL HEALTH CARE PROVIDERS - NOT INCLUDED FOR ACTION IN MERCY
DUB'S IMPLEMENTATION STRATEGY BECAUSE OF THE LOW FEASIBILITY OF SUCCESS IN
ATTRACTION SUCH PROVIDERS TO THIS COMMUNITY.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 11: AFTER REVIEWING ALL INFORMATION AND DATA
AVAILABLE FOR THE 2016 CHNA, THE FOLLOWING SEVEN NEEDS WERE IDENTIFIED FOR
THE SIOUXLAND AREA: TOBACCO/SUBSTANCE ABUSE, OBESITY, TEEN BIRTHS, ACCESS
TO CARE, MENTAL ILLNESS, CANCER SCREENINGS, AND HOUSING. BOTH MERCY SC
AND DUNES TOGETHER HAVE ADDRESSED THESE NEEDS WITHIN THE PAST YEAR.

FOR YEARS, SEVERAL AGENCIES HAVE BEEN WORKING ON TOBACCO AND SUBSTANCE
ABUSE. SIOUXLAND CARES HAS FOCUSED ON YOUTH PREVENTION FOR NEARLY 25
YEARS, AND HAS POSITIVELY IMPACTED THE SUBSTANCE ABUSE NUMBERS LOCALLY. IN
COLLABORATION WITH SIOUXLAND CARES, WE HAVE PROVIDED SEVERAL MEDIA
CAMPAIGNS ABOUT DRINKING AND DRIVING. MERCY SC ALSO COLLABORATED WITH THE
SIOUXLAND DISTRICT HEALTH DEPARTMENT (SDHD) AND WORKED TO PROMOTE
QUITLINE IOWA, 2A'S AND R (ASK, ADVICE, REFER) TRAINING FOR CLINIC STAFF,
AND TO PROMOTE SMOKE FREE MULTI-UNIT HOUSING COMPLEXES, EVENTS, WORKSITES,
AND PARKS. MERCY SC IS PARTNERING WITH THE SIOUXLAND TOBACCO COALITION,
THROUGH THE PARTICIPATION OF THREE MERCY SC BOARD MEMBERS, AND IN PROGRAMS
TO CURB TOBACCO USE INCLUDING LOCALLY PRODUCED TV PUBLIC SERVICE
ANNOUNCEMENTS.

SDHD, MERCY SC, AND DUNES HAVE COLLABORATED TO OFFER THE FOLLOWING PROGRAMS IN FISCAL YEAR 2017:

TOBACCO/SUBSTANCE ABUSE:
SIouxland Community Health and Jackson Recovery participated in a training provided by Mercy SC, through the Society of Public Health Educators, for smoking cessation & reduction in pregnancy treatment (SCRIPT). SCRIPT is an award-winning, evidence-based program shown to be effective in helping thousands of pregnant women quit smoking. It's designed to be a component of a patient education program for prenatal care providers, and is cited by the Agency for Health Care Research & Quality's smoking cessation clinical practice guidelines.

CATCH MY BREATH is a youth e-cigarette prevention program, whose goal is to increase students' knowledge of e-cigarettes, nicotine and addiction dangers. The aim is to inform and educate teachers, parents, and health professionals in the school/after-school setting to equip students with answers about e-cigarettes to make informed decisions. Curriculum licenses were purchased and provided to 3 middle schools and 12 elementary schools in Sioux City. The program targeted to 11-14 year olds. During fiscal year 2017, the curriculum was available to all middle and elementary schools.

Twenty landlords were trained for smoke free housing regarding clean indoor air and added a lease addendum prohibiting smoking in the housing they provide. These landlords attended a four hour seminar about tobacco...
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND NICOTINE FREE HOUSING, LEASING, FINDING A GOOD TENANT,

APPLICANTS/APPLICATION PROCESS, AND BACKGROUND CHECKS. EACH LANDLORD THAT

ATTENDED RECEIVED A COPY OF "AN APARTMENT MANAGER'S GUIDE", A SAMPLE LEASE

ADDENDUM, QUITLINE IOWA PRODUCTS THAT PROMOTE THE PROGRAM, AND INFORMATION

ABOUT CESSATION PROGRAMS IN SIOUX CITY. ALL THE INFORMATION THAT WAS

PROVIDED AT THE SEMINAR WAS GIVEN TO THE SIOUXLAND RENTAL ASSOCIATION

LEADERSHIP TO BE PROVIDED TO INTERESTED MEMBERS.

OBESITY:

FROM 2012 THROUGH 2017, MUCH WORK HAS BEGUN IN THE AREA OF OBESITY

PREVENTION. SEVERAL WORKSITES HAVE IMPLEMENTED WELLNESS POLICIES AND A

VARIETY OF PROGRAMMING FOR THEIR EMPLOYEES. BLUEZONES PROVIDED TECHNICAL

ASSISTANCE IN AIDING SIOUX CITY TO BECOME A CERTIFIED BLUEZONE COMMUNITY

WITH CHANGES TO RESTAURANTS, SCHOOLS, WORKPLACES AND THE COMMUNITY. SDHD

HAS PROVIDED TECHNICAL ASSISTANCE TO SEVERAL WORKSITES, CHILD-CARE

CENTERS, SCHOOLS, CLINICS AND COMMUNITIES ON IMPLEMENTING POLICY, SYSTEM,

AND ENVIRONMENTAL CHANGES TO IMPROVE THE HEALTH OF SIOUXLAND RESIDENTS.

SEVERAL OTHER ENTITIES IN THE COMMUNITY, INCLUDING BOTH HOSPITALS, HAVE

ALSO IMPLEMENTED A VARIETY OF PROGRAMS, INCLUDING BUT NOT LIMITED TO

COMMUNITY GARDENS, COMPLETE STREET RESOLUTIONS, WALKING SCHOOL BUSES, AND

FARM TO SCHOOL PROGRAMS.

IN AN EFFORT TO CURB THE PREVALENCE OF OBESITY, MERCY SC EXECUTED

KIDSHAPE, AN 8-WEEK PROGRAM, WHICH INVOLVED LIFESTYLE MODIFICATION FOR

BOTH CHILDREN AND FAMILIES, WAS OFFERED IN TWO MAJOR ELEMENTARY SCHOOLS,

WITH ASSISTANCE IN DIET EDUCATION, EXERCISE AND RECIPE DEVELOPMENT. WE

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YOUR CHILD", A FAMILY FOCUSED PROGRAM THAT HELPS KIDS AGES 7–13 YEARS OLD

REACH A HEALTHY WEIGHT AND LIVE A HEALTHIER LIFESTYLE.

ACCESS TO CARE:

THROUGHOUT THE YEAR, SIOUXLAND COMMUNITY HEALTH CENTER STAFFED CERTIFIED APPLICATION COUNSELORS TO ASSIST PATIENTS AT THE HEALTH CENTER AS WELL AS LOCATIONS AROUND THE SIOUXLAND COMMUNITY TO ANSWER QUESTIONS REGARDING THE AFFORDABLE CARE ACT AND ALSO ASSIST CONSUMERS WITH THE ENROLLMENT PROCESS.

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HOUSING:

MERCY SC AND DUNES COLLABORATED WITH THE SIOUXLAND STREET PROJECT TO ADDRESS HOMELESSNESS IN THE SIOUXLAND AREA. FROM THIS LARGE GROUP,
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," etc.) and name of hospital facility.

SUB-COMMITTEES WERE FORMED THAT SEEK TO CONCENTRATE IN A SPECIFIC AREA OF FOCUS TO ADDRESS THE FACETS THAT ARISE FROM CHRONIC HOMELESSNESS:

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MENTAL ILLNESS:

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CANCER SCREENING:

MERCY SC PROVIDED PERSONNEL, FINANCIAL, AND PROGRAM DEVELOPMENT SUPPORT TO THE SDHD, WHO OFFER TWO PROGRAMS THAT PROMOTE CANCER SCREENINGS. THE CARE FOR YOURSELF PROGRAM OFFERS MAMMOGRAMS. SDHD STAFF PROVIDE ENROLLMENT AND CASE MANAGEMENT SERVICES FOR WOMEN IN EIGHT SURROUNDING COUNTIES. MERCY SC HAS A PHYSICIAN REFERRAL SYSTEM IN PLACE TO LINK PATIENTS TO THIS PROGRAM.

TEEN BIRTHS WAS IDENTIFIED AS A NEED IN THE COLLABORATIVE CHNA PROCESS WITH SIOUXLAND DISTRICT HEALTH DEPARTMENT AND UNITY POINT-ST. LUKE'S HOSPITAL. AS UNITY POINT ACCOUNTS FOR THE MAJORITY OF THE BIRTHS IN THE SIOUXLAND AREA, THEY AGREED TO ADDRESS THE NEED. FOR THIS REASON, MERCY SC AND DUNES WILL NOT SPECIFICALLY ADDRESS TEEN BIRTHS.

MERCY MEDICAL CENTER-NEW HAMPTON:

PART V, SECTION B, LINE 11: MERCY NH RESOURCES AND OVERALL ALIGNMENT WITH THE HOSPITAL'S MISSION, GOALS AND STRATEGIC PRIORITIES WERE TAKEN INTO CONSIDERATION OF THE SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENT CHNA PROCESS. MERCY NH IS FOCUSING ON DEVELOPING AND/OR SUPPORTING INITIATIVES AND MEASURES THEIR EFFECTIVENESS, TO IMPROVE THE FOLLOWING...
HEALTH NEEDS:

PRIMARY CARE ACCESS: PATIENTS HAVE HAD DIFFICULTY ACCESSING PRIMARY CARE
IN THE SERVICE AREA. PATIENTS SOMETIMES HAVE TO WAIT ONE WEEK TO SEE THEIR
PRIMARY CARE PROVIDER DUE TO LACK OF OPEN APPOINTMENTS. PATIENTS REPORT
HAVING A DIFFICULT TIME GETTING TO THE CLINIC FOR APPOINTMENTS BETWEEN
TRADITIONAL HOURS OF 8-5, AS A RESULT, CLINIC HOURS HAVE BEEN EXTENDED TO
7:00 P.M. TWO DAYS PER WEEK. EIGHT SCHEDULE BLOCKS PER DAY FOR EACH
PROVIDER ARE BEING RESERVED FOR SAME DAY APPOINTMENTS. A HEALTH COACH IS
CLOSELY MONITORING CHRONIC HEALTH PATIENTS TO ENSURE THEY ARE BEING SEEN
BY THEIR PRIMARY CARE PHYSICIAN (PCP). A HEALTH NAVIGATOR IS MONITORING
PATIENT VISITS AND WORKING WITH SCHEDULERS TO FIT IN ANNUAL EXAMS,
RE-CHECKS AND PREVENTATIVE WELLNESS TESTING WITH THEIR PCP.

BEHAVIORAL HEALTH/CHEMICAL DEPENDENCY: MERCY NH HAS BEEN BUILDING THE
COMMUNITY'S CAPACITY TO ADDRESS MENTAL HEALTH ISSUES BY IMPROVING ACCESS
TO AVAILABLE SERVICES AND HEALTH IMPROVEMENT OPTIONS/OPPORTUNITIES BY
USING NEW COMMUNICATION CHANNELS AND TECHNOLOGIES. UNDER THE THEORY THAT
MENTAL HEALTH ISSUES HAVE BEEN PUSHED TO THE COUNTY LEVEL WITH NO ADDED
RESOURCES TO PROVIDE MUCH NEEDED SERVICES, MERCY NH IS IDENTIFYING KEY
COUNTY STAKEHOLDERS TO FORM OR STRENGTHEN A COUNTY BEHAVIORAL COALITION.
MERCY NH WILL SUPPORT THIS COALITION IN DEVELOPING AND IMPLEMENTING
PROGRAMS TO SUPPORT LOCAL MENTAL HEALTH ISSUES. A RENOVATION PROJECT WAS
RECENTLY STARTED FOR THE EMERGENCY DEPARTMENT, WHICH WILL INCLUDE A
PSYCHIATRIC EXAM ROOM, TO KEEP OUR MENTAL HEALTH PATIENTS SAFE WHILE THEY
ARE IN THE EMERGENCY DEPARTMENT.
MAINTAIN & INCREASE SPECIALTY SERVICES: THE COMMUNITY'S ACCESS TO

SPECIALTY SERVICES DELIVERED LOCALLY HAS DECREASED OVER THE PAST COUPLE OF YEARS. WITH AN INCREASE IN POPULATION OF THOSE OVER THE AGE OF 70 AND LIMITED RESOURCES FOR PUBLIC TRANSPORTATION OUTSIDE OF OUR COMMUNITY, IT IS IMPORTANT TO OFFER MORE SERVICES LOCALLY. MERCY NH IS THE ONLY HOSPITAL IN OUR COUNTY, WHICH IS CLASSIFIED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AS MEDICALLY UNDERSERVED. MERCY NH'S GENERAL SURGEON IS VISITING WEEKLY NOW INSTEAD OF ONCE A MONTH. A PAIN CLINIC HAS ALSO BEEN STARTED. NEW EQUIPMENT HAS BEEN PURCHASED FOR THE SURGERY DEPARTMENT TO BE ABLE TO PERFORM MORE MINOR SAME-DAY SURGERY PROCEDURES LOCALLY AS WELL.

MERCY NH ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE 2016 CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. MERCY NH WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEED:

AREA PHARMACY DEMAND EXCEEDS AVAILABILITY - MERCY NH HAS BEEN WORKING CLOSELY WITH THE NEW HAMPTON ECONOMIC DEVELOPMENT OFFICE ON RECRUITING ANOTHER PHARMACY TO THE AREA AND CONTINUES TO WORK CLOSELY WITH PHARMACIES IN NORTHEAST IOWA ABOUT THE OPPORTUNITIES AVAILABLE IN NEW HAMPTON. IN PARTICULAR, THE POTENTIAL OPPORTUNITY FOR TELE-PHARMACY AS IT IS BROUGHT TO IOWA IN 2017.

MERCY MEDICAL CENTER-DYERSVILLE:

PART V, SECTION B, LINE 11: THE SIGNIFICANT NEED TO BE ADDRESSED IS OBESITY. OBESITY IS CHARACTERISTIC OF 29% OF DUBUQUE COUNTY ADULTS. THE
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16; 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (“A, 1,” “A, 4,” “B, 2,” “B, 3,” etc.) and name of hospital facility.

GOAL IS REDUCE OBESITY AMONG DUBUQUE COUNTY ADULTS TO 27% BY JUNE 30, 2018.

MERCY Dyr WAS INVOLVED IN THE FOLLOWING PROJECTS FOR TAX YEAR 2016 TO HELP REDUCE OBESITY IN OUR COMMUNITY:

MERCY Dyr IS A MEMBER OF DUBUQUE COUNTY WELLNESS COALITION AND A PARTNER OF DUBUQUE EATS WELL. WITH THIS, MERCY Dyr IS CONNECTED WITH THE IOWA STATE UNIVERSITY DESIGN LAB TO ADDRESS COMMUNITY NEED PROJECTS.

DOUBLE-UP BUCKS PROMOTION – DOUBLES THE VALUE OF THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP). FOR EVERY "BUCK" SPENT, A MATCHED DOLLAR IS GIVEN TO BE EXCLUSIVELY SPENT ON FRUITS AND VEGETABLES AT THE FARMERS MARKET.

SINSINAWA COLLABORATIVE FARM – SERVES THE NEEDS OF BEGINNING FARMERS WITH ACCESS TO LAND, ESPECIALLY TO UNDER-SERVED POPULATIONS, TO GROW FRESH FOODS AND VEGETABLES.

FARM TO INSTITUTIONS NETWORK AND PROCUREMENT – LONG TERM STRATEGIC PLAN FOR INCREASING THE SUPPLY AND DEMAND OF FRESH FRUITS AND VEGETABLES AT INSTITUTIONS.

MERCY Dyr PARTNERED WITH DUBUQUE WELLNESS COALITION AND DUBUQUE COMMUNITY SCHOOL DISTRICT TO SPONSOR AN EVENT, "DUBUQUE ON THE MOVE," TO CONNECT COMMUNITY MEMBERS WITH HEALTH AND WELLNESS PROFESSIONALS DURING A WALKING EVENT.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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IN EFFORTS FOR WEIGHT REDUCTION, MERCY DYR OFFERS THE FOLLOWING COMMUNITY CLASSES: "12 WEEK WEIGHT LOSS PROGRAM" AND "JUST FOR YOU WEIGHT LOSS PROGRAM". GRANT MONEY IS AVAILABLE FOR COMMUNITY MEMBERS THROUGH MERCY DYR'S COMMUNITY BENEFIT MINISTRY PROGRAM FOR THOSE WHO CANNOT AFFORD THE PROGRAM.

MERCY DYR ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. MERCY DYR IS NOT PLANNING TO TAKE ACTION AT THIS TIME ON THE FOLLOWING HEALTH NEEDS:

REDUCING ALCOHOL AND SUBSTANCE ABUSE - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE OF OTHER ORGANIZATIONS THAT ARE ALREADY HAVING SOME SUCCESS IN THIS AREA, ESPECIALLY THE SUBSTANCE ABUSE COALITION.

DIABETES SCREENING AND MANAGEMENT - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE OF LIMITED RESOURCES, EXISTING PROGRAMS IN THE COMMUNITY, AND COMPETING PRIORITIES.

NONCOMPLIANCE WITH BLOOD PRESSURE MEDICATIONS - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE THIS WAS FELT TO BE AN EFFORT BEST HANDLED BY THE MEDICAL COMMUNITY (I.E., INDIVIDUAL PHYSICIANS).

PROSTATE CANCER SCREENING - NOT INCLUDED FOR ACTION IN MERCY DYR'S
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IMPLEMENTATION STRATEGY BECAUSE OF LIMITED RESOURCES AND COMPETING PRIORITIES.

INSUFFICIENT ACCESS TO MENTAL HEALTH PROVIDERS - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE OF INSUFFICIENT REIMBURSEMENT FROM INSURANCE AND PUBLIC FUNDING PROGRAMS, AND PROVEN DIFFICULTY IN RECRUITING SUCH PROFESSIONALS, AT LEAST PARTIALLY BECAUSE OF THAT LACK OF REIMBURSEMENT.

MORE BILINGUAL HEALTHCARE PROVIDERS - NOT INCLUDED FOR ACTION IN MERCY DYR'S IMPLEMENTATION STRATEGY BECAUSE OF THE LOW FEASIBILITY OF SUCCESS IN ATTRACTING SUCH PROVIDERS TO THIS COMMUNITY.

MERCY MEDICAL CENTER—NORTH IOWA:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESumptIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL

10450510 794151 3200 2016.05070 MERCY HEALTH SERVICES — IOW 32001
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MERCY HEALTH SERVICES - IOWA, CORP. 31-1373080

Part V Facility Information (continued)

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Need. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. These public records enable the hospital to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.

Mercy Medical Center - Sioux City:

Part V, Section B, line 13h: The hospital recognizes that not all patients are able to provide complete financial and/or social information. Therefore, approval for financial support may be determined based on available information. Examples of presumptive cases include: deceased patients with no known estate, the homeless, unemployed patients, non-covered medically necessary services provided to patients qualifying for public assistance programs, patient bankruptcies, and members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.

For the purpose of helping financially needy patients, a third party is utilized to conduct a review of patient information to assess financial need. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. These public records enable the hospital to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1, " "A, 4, " "B, 2," "B, 3," etc.) and name of hospital facility.

UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN
ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS
TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A
SYSTEMATIC METHOD TO GRANT PRESumptive ELIGIBILITY TO FINANCIALLY NEEDY
PATIENTS.

MERCY MEDICAL CENTER–DUBUQUE:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.
THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON
AVAILABLE INFORMATION. EXAMPLES OF PRESumptive CASES INCLUDE: DECEASED
PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS,
NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING
FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF
RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO
RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS
UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL
NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE
MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS
ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF
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PATIENTS.

DUNES SURGICAL HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MERCY MEDICAL CENTER-NEW HAMPTON:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. |
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MERCY MEDICAL CENTER-DYERSVILLE:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS,
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NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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MERCY MEDICAL CENTER–DUBUQUE

PART V, LINE 16A, FAP WEBSITE:
WWW.MERCYDUBUQUE.COM/PATIENT-FINANCIAL-ASSISTANCE

DUNES SURGICAL HOSPITAL

PART V, LINE 16A, FAP WEBSITE:
WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE

MERCY MEDICAL CENTER–DYERSVILLE

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10450510 794151 3200 2016.05070 MERCY HEALTH SERVICES – IOW 32001
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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<tr>
<td>PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:</td>
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<tr>
<td><a href="http://WWW.MERCYNORTHIOWA.COM/BUSINESS-OFFICE">WWW.MERCYNORTHIOWA.COM/BUSINESS-OFFICE</a></td>
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<td>PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:</td>
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<tr>
<td><a href="http://WWW.MERCYSIOUXCITY.COM/FOR-PATIENTS">WWW.MERCYSIOUXCITY.COM/FOR-PATIENTS</a></td>
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MERCY MEDICAL CENTER–DUBUQUE

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYDUBUQUE.COM/PATIENT-FINANCIAL-ASSISTANCE

DUNES SURGICAL HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.DUNESSURGICALHOSPITAL.COM/FINANCIAL-ASSISTANCE-AND-CHARITY-CARE

MERCY MEDICAL CENTER–NEW HAMPTON

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYNEWHAMPTON.COM/BILLING

MERCY MEDICAL CENTER–DYERSVILLE

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.MERCYDUBUQUE.COM/PATIENT-FINANCIAL-ASSISTANCE

MERCY MEDICAL CENTER–SIOUX CITY:

PART V, SECTION B, LINE 16J: PLAIN LANGUAGE SUMMARIES OF THE FAP WERE SENT TO SIOUXLAND COMMUNITY HEALTH CENTER.

MERCY MEDICAL CENTER–DUBUQUE:

PART V, SECTION B, LINE 16J: PLAIN LANGUAGE SUMMARIES OF THE FAP AND FINANCIAL ASSISTANCE BROCHURES WERE SENT TO CRESCENT COMMUNITY HEALTH CENTER.

MERCY MEDICAL CENTER–DYERSVILLE:
**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**PART V, SECTION B, LINE 16J: PLAIN LANGUAGE SUMMARIES OF THE FAP AND FINANCIAL ASSISTANCE BROCHURES WERE SENT TO CRESCENT COMMUNITY HEALTH CENTER.**

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<td>MERCY MEDICAL CENTER-SIOUX CITY</td>
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<td><a href="http://WWW.MERCYSIOUXCITY.COM/COMMUNITY-BENEFIT">WWW.MERCYSIOUXCITY.COM/COMMUNITY-BENEFIT</a></td>
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<td>MERCY MEDICAL CENTER-DUBUQUE</td>
<td>7A</td>
<td><a href="http://WWW.MERCYDUBUQUE.COM/COMMUNITY-BENEFIT">WWW.MERCYDUBUQUE.COM/COMMUNITY-BENEFIT</a></td>
</tr>
<tr>
<td></td>
<td>10A</td>
<td><a href="http://WWW.MERCYDUBUQUE.COM/COMMUNITY-BENEFIT">WWW.MERCYDUBUQUE.COM/COMMUNITY-BENEFIT</a></td>
</tr>
<tr>
<td>DUNES SURGICAL HOSPITAL</td>
<td>7A</td>
<td><a href="http://WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT">WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT</a></td>
</tr>
<tr>
<td></td>
<td>10A</td>
<td></td>
</tr>
</tbody>
</table>
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT

MERCY MEDICAL CENTER-NEW HAMPTON - PART V, SECTION B, LINE 7A
WWW.MERCYNEWHAMPTON.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY MEDICAL CENTER-NEW HAMPTON - PART V, SECTION B, LINE 10A
WWW.MERCYNEWHAMPTON.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

MERCY MEDICAL CENTER-DYERSVILLE - PART V, SECTION B, LINE 7A
WWW.MERCYDUBUQUE.COM/DYERSVILLE-COMMUNITY-BENEFIT

MERCY MEDICAL CENTER-DYERSVILLE - PART V, SECTION B, LINE 10A
WWW.MERCYDUBUQUE.COM/DYERSVILLE-COMMUNITY-BENEFIT

MERCY MEDICAL CENTER-NEW HAMPTON - PART V, SECTION B, LINE 9
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

MERCY MEDICAL CENTER-NORTH IOWA - PART V, SECTION B, LINE 9
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

MERCY MEDICAL CENTER-SIOUX CITY - PART V, SECTION B, LINE 7B
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WWW.DUNESSURGICALHOSPITAL.COM/COMMUNITY-BENEFIT
WWW.SIOUXLANDDISTRICTHEALTH.ORG/SERVICESCLINICS/
HEALTH-PLANNING-/CHNAHIP.HTML
WWW.UNITYPOINT.ORG/SIUXCITY/ABOUT-COMMUNITY-BENEFIT.ASPX

DUNES SURGICAL HOSPITAL - PART V, SECTION B, LINE 7B
WWW.MERCYSIOUXCITY.COM/COMMUNITY-BENEFIT
WWW.SIOUXLANDDISTRICTHEALTH.ORG/SERVICESCLINICS/
HEALTH-PLANNING-/CHNAHIP.HTML
WWW.UNITYPOINT.ORG/SIUXCITY/ABOUT-COMMUNITY-BENEFIT.ASPX
## Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **16**

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 MEDICAL ASSOCIATES WEST CAMPUS</strong></td>
<td>OCC. HEALTH, PHYS THER, AMBULATORY SURGERY</td>
</tr>
<tr>
<td>1500 ASSOCIATES DRIVE</td>
<td></td>
</tr>
<tr>
<td>DUBUQUE, IA 52001</td>
<td></td>
</tr>
<tr>
<td><strong>2 MEDICAL ASSOCIATES CLINIC</strong></td>
<td>X-RAY, LAB, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>1240 BIG JACK ROAD</td>
<td></td>
</tr>
<tr>
<td>PLATTEVILLE, WI 53818</td>
<td></td>
</tr>
<tr>
<td><strong>3 TRI-STATE OCCUPATIONAL HEALTH</strong></td>
<td>PHYS THERAPY, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>1920 ELM STREET</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4 MEDICAL ASSOCIATES CLINIC</strong></td>
<td>HOME CARE, LAB, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>10988 BARTELL BLVD</td>
<td></td>
</tr>
<tr>
<td>GALENA, IL 61036</td>
<td></td>
</tr>
<tr>
<td><strong>5 MERCY MEDICAL CENTER - DYERSVILLE</strong></td>
<td>CLINIC</td>
</tr>
<tr>
<td>1121 THIRD STREET SW</td>
<td></td>
</tr>
<tr>
<td>DYERSVILLE, IA 52040</td>
<td></td>
</tr>
<tr>
<td><strong>6 MEDICAL ASSOCIATES CLINIC</strong></td>
<td>CLINIC</td>
</tr>
<tr>
<td>208 N. 12TH STREET</td>
<td></td>
</tr>
<tr>
<td>BELLEVUE, IA 52031</td>
<td></td>
</tr>
<tr>
<td><strong>7 MEDICAL ASSOCIATES CLINIC</strong></td>
<td>CLINIC</td>
</tr>
<tr>
<td>911 N.W. CARTER</td>
<td></td>
</tr>
<tr>
<td>ELKADER, IA 52043</td>
<td></td>
</tr>
<tr>
<td><strong>8 CASCADE FAMILY HEALTH CENTER</strong></td>
<td>EMPLOYED PHYSICIANS, LAB, X-RAY, PT</td>
</tr>
<tr>
<td>805 JOHNSON STREET SW</td>
<td></td>
</tr>
<tr>
<td>CASCADE, IA 52033</td>
<td></td>
</tr>
<tr>
<td><strong>9 MEDICAL ASSOCIATES CLINIC</strong></td>
<td>X-RAY, LAB, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>117 SOUTH MADISON</td>
<td></td>
</tr>
<tr>
<td>CUBA CITY, WI 53807</td>
<td></td>
</tr>
<tr>
<td><strong>10 MEDICAL ASSOCIATES CLINIC</strong></td>
<td>CLINIC</td>
</tr>
<tr>
<td>560 PLEASANT ST</td>
<td></td>
</tr>
<tr>
<td>ELIZABETH, IL 61028</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2016
## Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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<tr>
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</tr>
</thead>
<tbody>
<tr>
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<td>CLINIC</td>
</tr>
<tr>
<td>12 MEDICAL ASSOCIATES EAST CAMPUS</td>
<td>OCC. HEALTH, PHYSICAL THERAPY</td>
</tr>
<tr>
<td>13 DUNES MEDICAL LABORATORY</td>
<td>REFERENCE LABORATORY</td>
</tr>
<tr>
<td>14 MASON CITY SURGERY CENTER</td>
<td>AMBULATORY SURGERY</td>
</tr>
<tr>
<td>15 MERCY FAMILY CLINIC – BUFFALO CENTER</td>
<td>X-RAY, LAB, EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>16 TRI-STATE SURGERY CENTER</td>
<td>OUTPATIENT CLINIC, OPHTHALMOLOGY, ORTHOPEDICS</td>
</tr>
</tbody>
</table>
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**PART I, LINE 3C:**

*IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.*

**PART I, LINE 6A:**

*MERCY HEALTH SERVICES-IOWA (MHS-IA) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.*

*IN ADDITION, THE HOSPITAL DIVISIONS OF MHS-IA INCLUDE A COPY OF THEIR MOST RECENT SCHEDULE H ON THEIR RESPECTIVE WEBSITES. TRINITY HEALTH ALSO INCLUDES MHS-IA'S MOST RECENTLY FILED SCHEDULE H ON ITS WEBSITE.*

**PART I, LINE 7:**

*THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND...*
Provide the following information.

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**MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES.** THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITALS' COST ACCOUNTING SYSTEMS.

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**PART I, LN 7 COL(F):**

THE FOLLOWING NUMBER, $14,920,550, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

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**PART II, COMMUNITY BUILDING ACTIVITIES:**

**MERCY MEDICAL CENTER-SIoux CITY (MERCY SC):**

ENVIRONMENTAL IMPROVEMENTS: A DOWNTOWN GARDEN OF GREEN SPACE WAS DEVELOPED AND MERCY SC CONTRIBUTED FOR THE MAINTENANCE AND IMPROVEMENTS TO THE GARDEN ANNUALLY.
Provide the following information.

1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS: MANY COLLEAGUES OF MERCY SC ARE INVOLVED IN COMMUNITY BOARDS THAT HELP DEVELOP LEADERSHIP SKILLS IN INDIVIDUALS IN OUR COMMUNITY, WHICH IS A GREAT BENEFIT TO THE REGION.

WORKFORCE DEVELOPMENT: ATTENDING LOCAL SCHOOLS IN THE TRISTATE AREA TO GIVE THE STUDENTS AN OPPORTUNITY TO HAVE A CHANCE TO EXPERIENCE THE POSSIBILITY OF GOING INTO A HEALTH CARE CAREER.

MERCY SC (HUMAN RESOURCES) PARTNERED WITH NATIVE AMERICAN SCHOOLS IN WINNEBAGO, NEBRASKA ON PROJECT SEARCH. THIS JOINT EFFORT ENABLED NATIVE AMERICANS TO PARTICIPATE IN A 5TH YEAR SENIOR JOB TRAINING PROGRAM, WITH GRADUATION. THE PROGRAM IS WELL RECEIVED AND PRODUCED GREAT RESULTS FOR TRAINING AND HELPING YOUNG ADULTS BECOME EMPLOYABLE.

MERCY MEDICAL CENTER-NEW HAMPTON (MERCY NH):

AS ONE OF THE LARGEST EMPLOYERS IN THE AREA, MERCY NH TAKES ITS CIVIC RESPONSIBILITY VERY SERIously. SUPPORT OF, AND CONTRIBUTIONS TO,
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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COMMUNITY ORGANIZATIONS, EVENTS, AND PROGRAMS, SUCH AS NEW HORIZONS-CHAMBER, AND THE INDUSTRIAL DEVELOPMENT CORPORATION HELP IMPROVE THE ECONOMY OF MERCY NH’S CATCHMENT COUNTIES. BY PROMOTING ECONOMIC DEVELOPMENT, MERCY NH HELPS CREATE A COMMUNITY THAT CONTINUES TO BUILD ITSELF THROUGH THE LEADERS WHO WORK AND VOLUNTEER AT THE HOSPITAL. ECONOMIC STABILITY IS INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND ENVIRONMENTAL CHALLENGES, AND IS CRUCIAL IF THE COMMUNITY HOPES TO MAINTAIN A VIABLE HOSPITAL COMPLEX WITH A BROAD SPECTRUM OF ESSENTIAL SERVICES.

IN ADDITION TO SUPPORTING ECONOMIC DEVELOPMENT IN OUR REGION, MERCY NH ENCOURAGES ITS LEADERSHIP STAFF TO SUPPORT AND PROVIDE LEADERSHIP TO NON-PROFIT ORGANIZATIONS THROUGHOUT THE AREA. MERCY’S PUBLIC RELATIONS MANAGER SERVES ON THE BOARD OF DIRECTORS FOR THE INDUSTRIAL DEVELOPMENT CORPORATION AND WORKS TO IMPROVE THE QUALITY OF LIVING IN THE NEW HAMPTON AREA. THE WORK INDUSTRIAL DEVELOPMENT CORPORATION ALSO TIES INTO WORKFORCE DEVELOPMENT AND PARTNERING WITH OUR AREA COMMUNITY COLLEGES AND INDUSTRIES TO ENHANCE THEIR WORKFORCE. MERCY’S CEO SERVES ON THE
Part VI | Supplemental Information

Provide the following information.

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NORTHEAST IOWA COMMUNITY COLLEGE SECTOR BOARD AND THE CNO IS ACTIVELY INVOLVED WITH THE AREA COMMUNITY COLLEGES MENTORING PROGRAMS.

WORKING CLOSELY WITH OTHER HEALTH CARE PARTNERS IN OUR COMMUNITY IS A PRIORITY FOR MERCY NH. MERCY'S CNO SERVES ON THE PRAIRIE VIEW MANAGEMENT BOARD, WHICH OVERSEES THE HERITAGE RESIDENCE LOCATED IN NEW HAMPTON. THE HERITAGE RESIDENCE IS A 15-BED RESIDENTIAL CARE FACILITY THAT OFFERS ON-SITE PSYCHIATRIC SERVICES, SUBSTANCE ABUSE COUNSELING, AND COMMUNITY INTEGRATED ACTIVITY PROGRAM. THE HERITAGE RESIDENCE ALSO HAS HOME AND COMMUNITY BASED SERVICES FOR THOSE INDIVIDUALS ON ID WAIVER OR HABILITATION SERVICES.

MERCY NH ALSO IDENTIFIED A NEED FOR MEMBERS OF THE COMMUNITY TO MORE SAFELY DISPOSE OF THEIR SHARPS AND CONTAINERS TO REDUCE ENVIRONMENTAL HAZARDS. THE HOSPITAL NOW COLLABORATES WITH PHARMACIES IN NEW HAMPTON TO COLLECT THE CONTAINERS.

MERCY NH PRIDES ITSELF ON BEING COMMUNITY HEALTH IMPROVEMENT ADVOCATES.
Provide the following information.

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MERCY NH'S COMMUNITY WELLNESS PROGRAM CONTINUES TO EXPAND AND IS CURRENTLY ACTIVE IN THE WALKING SCHOOL BUS PROGRAM, TOBACCO FREE COALITION, COMMUNITY FOOD & FITNESS INITIATIVE AND THE LOCAL FARMER'S MARKET. MERCY NH PROVIDES SUPPORT AND EXPERTISE TO THE CHICKASAW CONNECTIONS, A COALITION AGAINST UNDERAGE DRINKING. THIS PARTNERSHIP INCLUDES ACTIVE INVOLVEMENT FROM ALL OF OUR FAMILY MEDICINE PHYSICIANS AND THE WELLNESS COORDINATOR AND RECENTLY EXPANDED ITS SCOPE OF WORK TO INCLUDE REDUCING DRUG USE IN OUR AREA TEENAGERS AS WELL.

MERCY NH WORKS CLOSELY WITH NEW HAMPTON COMMUNITY SCHOOLS TO EDUCATE STUDENTS ABOUT HEALTH AND WELLNESS. HANDWASHING LESSONS ARE TAUGHT TO ALL PRE-SCHOOL AND KINDERGARTEN CLASSES. THOSE AGE GROUPS ALSO TOUR THE HOSPITAL TO BECOME COMFORTABLE WITH OUR ENVIRONMENT AND KNOW THAT THE HOSPITAL IS NOT A SCARY PLACE. MERCY NH ALSO INVITES ALL 8TH GRADE STUDENTS FOR A TOUR IN WHICH THEY LEARN ABOUT THE VARIETY OF HEALTHCARE CAREERS AVAILABLE TO THEM. THE HIGH SCHOOL ATHLETES ARE CLOSELY MONITORED BY MERCY NH'S ATHLETIC TRAINER WHO CARES FOR THE ATHLETES AT THE HIGH SCHOOL THREE TIMES PER WEEK, PLUS IS IN ATTENDANCE AT ALL FOOTBALL AND
Provide the following information.

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**WRESTLING EVENTS.**

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**WORKING WITH FAMILIES OF YOUNG CHILDREN IS IMPORTANT TO BUILD A STRONG FOUNDATION FOR THE CHILD TO GROW. PARENT AND CHILD EDUCATION IS OFFERED AT LOW OR NO COST TO AREA FAMILIES. MERCY NH HOSTS THE NURTURED HEARTS APPROACH CLASSES TWICE A YEAR AND EACH SUMMER OFFERS A SENSORY MOTOR SKILLS PLAY GROUP FOR TODDLERS WHO NEED TO DEVELOP FINE MOTOR SKILLS.**

---

**MERCY NH PARTNERED WITH CHICKASAW AMBULANCE SERVICE, CHICKASAW COUNTY RESCUE SQUAD/FIRST RESPONDERS AND MERCY AIR MED, TO HOST A COMMUNITY OPEN HOUSE. FAMILIES ATTENDING WERE ABLE TO VIEW DEMONSTRATIONS, GET INFORMATION ON CAR SEAT USE FOR CHILDREN, TOUR THE ER, AND VIEW ALL THE EMERGENCY VEHICLES, INCLUDING THE MERCY AID MED HELICOPTER. MERCY NH ALSO PROVIDED A FREE DINNER TO ALL THE VOLUNTEERS SERVING OUR EMS PROGRAMS IN CHICKASAW COUNTY.**

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**PART III, LINE 2:**

**METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A**

---
Provide the following information.

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PARTIAL PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

MHS-IA USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED.

FOR FINANCIAL STATEMENT PURPOSES, MHS-IA IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MHS-IA IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**PART III, LINE 4:**

**MHS-IA IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS:** "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME. AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS). FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES AND FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4. **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5. **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**PART III, LINE 5:**

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

**PART III, LINE 8:**

MHS-IA DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

**PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE**
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

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PART III, LINE 9B:

MHS-IA’S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN EACH HOSPITAL’S COLLECTION POLICY. THE HOSPITALS HAVE IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

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PART VI, LINE 2:

NEEDS ASSESSMENT - MHS-IA HOSPITALS ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE
NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE
PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. IN THE ASSESSMENT OF
THEIR COMMUNITIES, OUR HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA,
ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS
SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT
CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS
TO PREVENTATIVE SERVICES OR ARE UNINSURED.

MERCY NI AND MERCY NH EACH HAVE A LOCAL BOARD OF GOVERNANCE COMPOSED OF
AREA RESIDENTS, EMPLOYERS AND REPRESENTATIVES OF DEMOGRAPHIC GROUPS.
THESE HOSPITALS ALSO COMMUNICATE WITH OTHER AGENCIES ABOUT WHAT SERVICES
ARE NEEDED LOCALLY. IN PARTICULAR, OUR PRIMARY CARE PHYSICIANS HAVE A
STRONG AWARENESS OF PATIENT NEEDS. A COMMITTEE MEETS QUARTERLY THAT IS
COMPRISED OF COMMUNITY MEMBERS AND HOSPITAL PERSONNEL THAT WORK DIRECTLY
WITH THE UNINSURED, UNDERINSURED AND UNDERSERVED. THE COMMUNITY BENEFIT
MINISTRY OFFICER INTERFACES REGULARLY WITH COMMUNITY HUMAN SERVICE
AGENCIES AND COALITIONS.
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4. **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5. **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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MERCY SC AND DUNES STAFF ROUTINELY (MONTHLY) MEET WITH VARIOUS COMMUNITY AGENCIES, CHURCHES, AND SCHOOLS IN SEARCH OF OPPORTUNITIES TO PARTNER WITH TO ADDRESS (1) ACCESS TO PRIMARY CARE, (2) EXERCISE AND NUTRITION FOR YOUTH, (3) ACCESS TO MENTAL HEALTH SERVICES, AND (4) SOCIAL DETERMINANTS OF HEALTH GENERAL POVERTY, HOMELESSNESS, EDUCATION AND HUNGER.

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PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHS-IA HOSPITALS ARE COMMITTED TO:

- PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES

- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES

- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE

- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, MHS-IA HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:**

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS
- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS
- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS
- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER
- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

**THE HOSPITALS COMMUNICATE EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE**
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4. **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5. **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.**

**FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT’S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT.**

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**THE HOSPITALS OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND"
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4. **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5. **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS.**

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THE HOSPITALS HAVE ESTABLISHED WRITTEN POLICIES FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. THE HOSPITALS MAKE EVERY EFFORT TO ADHERE TO THEIR POLICIES AND ARE COMMITTED TO IMPLEMENTING AND APPLYING THE POLICIES FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

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**PART VI, LINE 4:**

**COMMUNITY INFORMATION -**

**MERCY NI SERVES 14 COUNTIES IN NORTH CENTRAL IOWA. THE PRIMARY SERVICE AREA INCLUDES CERRO GORDO AND WORTH COUNTIES AND THE SECONDARY SERVICE AREA INCLUDES BUTLER, CHICKASAW, FLOYD, FRANKLIN, HANCOCK, HARDIN, HOWARD,**
Provide the following information.

1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 Promotion of community health. Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

KOSSUTH, MITCHELL, PALO ALTO, WINNEBAGO, AND WRIGHT COUNTIES.

THE TOTAL POPULATION OF THE 14-COUNTY SERVICE AREA IS 202,410,


NINETY-SEVEN PERCENT OF THE PRIMARY SERVICE AREA IS WHITE, COMPARED WITH 91% FOR IOWA AND 74% FOR THE COUNTRY AS A WHOLE. THREE PERCENT OF THE WHITE POPULATION IS HISPANIC IN THE NORTH IOWA AREA.

NEARLY 8% OF THE PRIMARY SERVICE AREA IS UNINSURED, COMPARED WITH 8% IN IOWA AND 14% NATIONALLY. BROKEN DOWN BY AGE GROUPS, 5% OF CHILDREN UNDER AGE 18, 11% OF ADULTS AGES 18-64, AND 0.13% OF ADULTS AGES 65+ ARE UNINSURED. THE UNINSURED BY ETHNICITY, 10% ARE BLACK, 18% ARE NATIVE AMERICAN, 8% ARE ASIAN, 7% ARE WHITE, 10% ARE MULTIPLE RACES, AND 24% OF UNINSURED ARE "OTHER".
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

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6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**MERCY SC AND DUNES:**


ABOUT 22% OF THE POPULATION IS UNDER THE AGE OF 14 YEARS AND 15% OF THE POPULATION IS OVER THE AGE OF 65 YEARS. THE RACE/ETHNICITY DISTRIBUTION IN THE AREA IS 76% WHITE, 15% HISPANIC, 2% BLACK, 2% ASIAN, AND 5% OTHER.
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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IN THE AREA, 50% OF THE HOUSEHOLDS ARE IN AN ANNUAL INCOME GROUP OF LESS THAN $50K. THE REGIONAL ECONOMY IS BASED ON FOOD MANUFACTURING, AGRICULTURE, HEALTH CARE AND SOCIAL ASSISTANCE, EDUCATION, AND THE FOOD SERVICE INDUSTRIES. THE AUGUST 2015 UNEMPLOYMENT RATE FOR THE LARGEST COUNTIES IN THE REGION - WOODBURY, PLYMOUTH, AND DAKOTA - WAS 3.5%, 2.5%, AND 3.9% RESPECTIVELY. THE UNEMPLOYMENT RATE FOR THURSTON COUNTY, WITH A POPULATION OF APPROXIMATELY 7,000, HAS RISEN TO 6%.

WOODBURY COUNTY HAS A POPULATION OF 104,080, WHICH REPRESENTS 59% OF THE SIOUXLAND REGIONAL TOTAL. THE COMMUNITY RESIDENTS OF SIOUX CITY AND SERGEANT BLUFF REPRESENT NEARLY 90% OF THE WOODBURY COUNTY POPULATION.

PLYMOUTH COUNTY HAS A POPULATION OF 23,085, OR 13% OF THE SIOUXLAND REGIONAL TOTAL. THE LARGEST COMMUNITY IN THE COUNTY IS LEMARS WITH A POPULATION OF 12,600. AT 12% OF THE REGIONAL POPULATION, DAKOTA COUNTY HAS A POPULATION OF 21,660. SOUTH SIOUX CITY AND DAKOTA CITY TOTAL RESIDENTS REPRESENT 84% OF THE COUNTY POPULATION. UNION COUNTY HAS A POPULATION OF 16,200, WHICH REPRESENTS 9% OF THE REGIONAL TOTAL. NORTH SIOUX CITY AND DAKOTA DUNES TOTAL RESIDENTS REPRESENT 40% OF THE COUNTY.
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**POPULATION.** The total residents in the communities of Sioux City, Sergeant Bluff, Lemars, South Sioux City, Dakota City, North Sioux City, and Dakota Dunes total 128,800. Completing the six-county area is Thurston County with a population of 6,860 and Dixon County with a population of 5,860 representing 7% of the regional total.

MERCY DUB and MERCY Dyr's primary service area is Dubuque County, Iowa, which is a federally designated medically underserved area. This definition of the community is based on the residence of the hospitals' patients: in calendar year 2014, 61.6% of MERCY DUB's inpatient cases and 75.2% of MERCY DUB's emergency department cases were for Dubuque County residents, while 93.8% of MERCY Dyr's inpatient cases and 77.7% of MERCY Dyr's emergency department cases were for Dubuque County residents. Beyond Dubuque County, residents' use of the hospital is more scattered. In 2014, for example, MERCY DUB and MERCY Dyr discharged inpatients who resided in 18 different states.

Dubuque County's population in 2012 was 95,097. The population grew about...
5% BETWEEN 2000 AND 2010. OF THE POPULATION, 73% IS URBAN AND 27% IS RURAL. IT HAS AN AVERAGE POPULATION DENSITY OF 156 PEOPLE PER SQUARE MILE. IN MARCH 2012, THE COST OF LIVING INDEX FOR DUBUQUE COUNTY WAS 86.8, COMPARED TO THE US AVERAGE OF 100. WHITE NON-HISPANIC PEOPLE COMPRIZE 92.9% OF THE POPULATION; BLACK NON-HISPANICS 2.6%; HISPANIC OR LATINO 1.9%; TWO OR MORE RACES 1.2%, AND ASIAN 0.9%. THE MEDIAN RESIDENT AGE IS 38.0 YEARS, THE SAME AS IOWA'S.

IN ADDITION TO MERCY DUB AND MERCY DYR, UNITYPOINT HEALTH FINLEY HOSPITAL IS THE THIRD HOSPITAL LOCATED IN DUBUQUE COUNTY.

MERCY NH SERVES THE CHICKASAW AREA AND SURROUNDING COUNTIES WITHIN A 20-MILE RADIUS STRETCHING IN EVERY DIRECTION FROM NEW HAMPTON. THE PRIMARY SERVICE AREA CONSISTS OF THE TOWNS OF NEW HAMPTON, FREDERICKSBURG, ALTA VISTA, IONIA, ELMA, WAUCOMA, LAWLER AND NASHUA. THE ESTIMATED POPULATION OF THIS AREA IS 13,500.
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4. **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5. **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**POPULATION OF 12,097 IN 2015. CHICKASAW COUNTY EXPERIENCED AN ESTIMATED 2.7% PERCENT DECLINE IN POPULATION FROM 2010 TO 2015. THE STRESS THAT THIS TREND PLACES ON THE PROVISION OF SERVICES IS COMPOUNDED BY THE HIGHER THAN AVERAGE PROPORTION OF ELDERLY INDIVIDUALS IN THE AREA. OF THE CHICKASAW POPULATION, 19.4% WERE OVER AGE 65 IN 2015, COMPARED TO 16.1% FOR THE STATE AND 14.9% FOR THE NATION. IOWA RANKS FOURTH IN PERCENTAGE OF POPULATION OVER THE AGE OF 65. THIS LARGE PERCENTAGE FOR THIS AGE GROUP PRESENTS SPECIAL CHALLENGES TO HEALTH CARE PROVIDERS, BECAUSE THIS AGE GROUP HAS THE HIGHEST INCIDENCE OF DISEASE AND MORTALITY IN MOST CATEGORIES AND, CORRESPONDINGLY, REPRESENTS THE BIGGEST USERS OF HEALTH CARE SERVICES. IN ADDITION, MEDICARE PAYMENT SHORTFALLS PRESENT AN ADDITIONAL BURDEN FOR RURAL HEALTH PROVIDERS. FOR FISCAL YEAR 2017, 49.5% OF MERCY NH’S REVENUES (HOSPITAL INPATIENT AND OUTPATIENT) WERE GENERATED FROM MEDICARE PATIENTS.**

**THE MEDIAN HOUSEHOLD INCOME IN CHICKASAW COUNTY WAS ESTIMATED AT $47,040 IN 2015. INDIVIDUALS BELOW THE POVERTY LEVEL COMPRIS**
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.
4. **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**PART VI, LINE 5: OTHER INFORMATION —**

**MERCY NI HAS PROVIDED MANAGEMENT SERVICES FOR RURAL HOSPITALS SINCE 1978.**

**THESE COMMUNITY HOSPITALS OFFER QUALITY HEALTH CARE AND YET ARE STILL ABLE TO TAKE ADVANTAGE OF ALL THE RESOURCES MERCY NI HAS TO OFFER AS A MAJOR REFERRAL CENTER.**

**MERCY NI EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTHCARE PROVIDERS IN ORDER TO BEST MEET THE NEEDS OF THOSE WHO LIVE IN NORTH IOWA COMMUNITIES.**

**MERCY NI IS INTENTIONAL IN DEVELOPING TRIPLE-AIM ACCOUNTABLE CARE ORGANIZATION (ACO) RELATIONSHIPS AND COLLABORATING WITH COMMUNITY HEALTH PROVIDERS AND SOCIAL SERVICE AGENCIES, IN CREATING A SYSTEM OF CARE COORDINATION PROCESSES. THERE ARE NEARLY 120 PROFESSIONALS REPRESENTING INCLUDES 42.7% COVERED BY MEDICARE, 11.3% COVERED BY MEDICAID AND 3.5% SELF-PAY.**
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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**ALL ASPECTS OF HEALTH CARE IN OUR PRIMARY SERVICE AREA PARTICIPATING IN TRANSITIONS OF CARE. ITS PURPOSE IS TO IMPROVE COMMUNICATION AND PROCESSES IN ORDER TO IMPROVE QUALITY AND SAFETY OF TRANSITIONS BETWEEN FACILITIES.**

**MERCY NI SUPPORTS THE COMMUNITY BY SPONSORING THE COMMUNITY CARE COORDINATION PROGRAM WITH EFFORTS FOCUSED ON THE SAFETY NET POPULATIONS.**

**AS A TEACHING HOSPITAL, MERCY NI HOSTS A 3-YEAR FAMILY PRACTICE RESIDENCY PROGRAM, PHARMACY RESIDENCY, INTERNAL MEDICINE RESIDENCY, CARDIOLOGY FELLOWSHIP, HOSPICE AND PALLIATIVE CARE FELLOWSHIP, AND A SCHOOL OF RADIOLOGIC TECHNOLOGY. THE HOSPITAL SERVES AS A CLINICAL SITE FOR STUDENTS STUDYING TO BECOME PHYSICIANS, NURSES, PARAMEDICS, PHARMACISTS, MEDICAL ASSISTANTS AND OTHER ALLIED HEALTH PROFESSIONALS.**

**IN ADDITION, MERCY NI SUPPORTS HOMELESS SHELTERS FOR MEN AND WOMEN IN COLLABORATION WITH OTHER NON-PROFIT ORGANIZATIONS.**

**AS A SOLE COMMUNITY PROVIDER, SPECIALIZED SERVICES INCLUDE A HEART AND VASCULAR INSTITUTE, CANCER CENTER, DIABETES CENTER, STROKE CENTER,**
BARIATRIC CENTER, VASCULAR AND WOUND CENTER, LEVEL II BIRTH CENTER AND A LEVEL II EMERGENCY CENTER. EMERGENCY SERVICES ARE AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY.

BECAUSE OF THE NEED BY INDIGENT ADULTS FOR DENTAL CARE, MERCY NI PROVIDES A SUITE WITH TWO FULLY FURNISHED OPERATORIES TO ACCOMMODATE EMERGENT DENTAL NEEDS. HALF-DAY CLINICS ARE MANNED BY AREA DENTISTS AND DENTAL ASSISTANTS VOLUNTEERING THEIR TIME AND SKILLS.

PARTNERSHIP FOR A TOBACCO FREE CERRO GORDO COUNTY IS A COALITION THAT INCLUDES: CERRO GORDO COUNTY DEPT. OF PUBLIC HEALTH, FREEDOM FROM SMOKING PROGRAM (CREATED BY THE AMERICAN LUNG ASSOCIATION), AND SMOKE FREE HOMES PROGRAM WHICH FOCUSED ON COMMUNITY GOALS TARGETING TOBACCO USE AND OBESITY. MERCY NI SUPPORTED OVER THE COUNTER NICOTINE REPLACEMENT THERAPY FOR THOSE WITH INCOME LIMITATIONS. MERCY NI WORKED WITH WHOLLY OWNED CLINIC NETWORK CLINICIANS TO SCREEN AND REFER FOR CESSATION. MERCY NI SPONSORED FREEDOM FROM SMOKING FACILITATOR TRAINING FOR TWO COMMUNITY PARTNERS. MERCY NI CONTINUES TO COLLABORATE WITH STATE ADVOCACY.
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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**REPRESENTATIVES AND OTHER HEALTH MINISTRY'S SURROUNDING TOBACCO 21 LEGISLATION, WHICH ADVOCATES INCREASING THE LEGAL AGE TO PURCHASE TOBACCO FROM 18 TO 21. MERCY NI ALSO PARTICIPATED IN ADVOCACY EFFORTS TO INCREASE AWARENESS SURROUNDING SMOKE FREE MOVIES.**

**MERCY NI BEGAN THE BABY FRIENDLY JOURNEY IN FISCAL YEAR 2016 AND HAS ACCOMPLISHED ADDITIONAL MILESTONES IN THE IMPLEMENTATION PROCESS AND BREASTFEEDING POLICY DEVELOPMENT IN FISCAL YEAR 2017. BABY FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS.**

**MERCY NI FURTHER INVESTS IN THE COMMUNITY TO ENHANCE THE HEALTH OF RESIDENTS BY PROVIDING:**

- **PRE-DIABETES CLASSES AND SUPPORT GROUP MEETINGS AT NO CHARGE**
- **SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) COUNSELING BY SHIIP VOLUNTEERS**
- **SUPPORT FOR TRANSPORTATION TO ELIMINATE BARRIERS TO HEALTHCARE**
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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**SUPPORT FOR THOSE WHO ARE HOMELESS**

**COLLABORATION TO SUPPORT A SELF-SUFFICIENCY PROGRAM**

**MERCY FAMILY HEALTH LINE, A 24-HOUR/7-DAY A WEEK TELEPHONE MEDICAL TRIAGE AND INFORMATION SERVICE**

**PARTICIPATION OF THE HOSPITAL KITCHEN IN PREPARATION OF MEALS ON WHEELS**

**FIVE HEALTH CAREER SCHOLARSHIPS GIVEN ANNUALLY TO COMMUNITY RECIPIENTS**

**THE HOSPITAL VOLUNTEER AUXILIARY**

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**MERCY SC HAS EARNED MORE NATIONAL RECOGNITION FOR QUALITY PATIENT OUTCOMES THAN ANY OTHER HOSPITAL IN THE REGION. THE MEDICAL CENTER HAS EARNED MULTIPLE HONORS FOR ITS LEADERSHIP AND EXCELLENCE IN SEVERAL CLINICAL AREAS, INCLUDING CARDIAC CARE, ORTHOPEDIC SERVICES, VASCULAR SURGERY, STROKE CARE AND CANCER CARE.**

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**MERCY SC IS HOME TO THE ONLY LEVEL II TRAUMA CENTER IN WESTERN IOWA AND PROVIDES A VITAL, LIFESAVING LINK TO RURAL AREAS VIA MERCY AIR CARE, THE HOSPITAL’S HELICOPTER AMBULANCE SERVICE.**
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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**MERCY SC IS INVOLVED IN A NUMBER OF COMMUNITY VENTURES AND SUPPORTS THE SIOUXLAND MEDICAL EDUCATION FOUNDATION (FAMILY PRACTICE RESIDENCY). WE ALSO WORK CLOSELY WITH WINNEBAGO INDIAN HEALTH SERVICES TO CLOSE HEALTH OUTCOMES DISPARITIES.**

**IN ADDITION, MERCY SC COLLABORATES WITH ST. LUKE'S COLLEGE OF NURSING, WITCC SCHOOL OF NURSING AND BRIAR CLIFF UNIVERSITY SCHOOL OF NURSING.**

**MERCY SC IS SHIFTING FOCUS AND COMMITTING RESOURCES TO PEOPLE-CENTERED HEALTH CARE. MERCY SC HAS RECEIVED BLUE ZONE DISTINCTION AS AN EMPLOYER AND IS WORKING TO ASSIST OTHERS TO RECEIVE THIS. RIVERSIDE ELEMENTARY RECEIVED THIS DISTINCTION, IN PART DUE TO MERCY SC'S SUPPORT OF EXERCISE EQUIPMENT FOR STUDENTS AND PLUMBING TO SUPPORT A COMMUNITY GARDEN.**

**MERCY DUB AND MERCY Dyr ARE ADVISED BY LOCAL BOARDS AND OPERATE EMERGENCY ROOMS WHICH ARE AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY. MERCY DUB ALSO PROVIDES SEVERAL SERVICES THAT ARE UNIQUE TO THE COMMUNITY, INCLUDING OPEN HEART SURGERY, NEONATAL INTENSIVE CARE AND INPATIENT COMMUNITY**
Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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**PSYCHIATRIC SERVICES.**

**MERCY NH IS THE SOLE COMMUNITY PROVIDER OFFERING A RANGE OF SPECIALIZED SERVICES, DIABETES AND NUTRITION EDUCATION, AND AN EMERGENCY CENTER.**

Emergency services are available to all regardless of their ability to pay. Emergency services are provided at a financial loss, but are a critically needed service. Mercy cooperates with other agencies to improve overall community health and well-being. For example, we sponsor a community garden, and produce is provided to the community's food pantry (which utilizes hospital space, at no cost).

**MERCY NH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED COMMUNITY HEALTHCARE PROVIDERS, IN ORDER TO BEST MEET THE NEEDS OF OUR NORTHEAST IOWA COMMUNITIES.**

Mercy NH has about 50 in-house volunteers, who serve in nearly every department of the medical center. From clerical work to providing patient and visitor services, Mercy NH volunteers truly do make a difference.
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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**THROUGH FUNDRAISERS, THE VOLUNTEERS ALSO PROVIDE FINANCIAL SUPPORT TO A VARIETY OF AREAS WITHIN THE HOSPITAL. MERCY AUXILIARY AWARDS SCHOLARSHIPS TO HIGH SCHOOL AND NON-TRADITIONAL STUDENTS PURSUING EDUCATION IN THE HEALTHCARE FIELD. THE AUXILIARY ALSO SPONSORS NUMEROUS BLOOD DRIVES AND LUNCH-AND-LEARN EVENTS ON HEALTHCARE SUBJECTS. THEY ALSO PROVIDE WIGS AND TURBANS TO THOSE INDIVIDUALS WHO HAVE LOST THEIR HAIR DUE TO ILLNESS.**

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**PART VI, LINE 6:**

**MHS-IA IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2017, GOALS INCLUDED 1) PARTICIPATING IN LOCAL COALITION AND ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, 2) ASSESSING CAPACITY TO IDENTIFY AND SUPPORT INDIVIDUALS THAT ARE HOUSING INSECURE AND ACKNOWLEDGING OTHER BARRIERS INDIVIDUALS HAVE ACCESSING HEALTH CARE AND 3) EXPANDING ACCESS AND DELIVERY OF DIABETES PREVENTION PROGRAMS.**
TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL. THE AWARDED COMMUNITIES FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED NEEDS AND THAT WILL REDUCE CHILDHOOD OBESITY AND YOUTH TOBACCO USE. IN FISCAL YEAR 2017, TRINITY HEALTH INVESTED $2.7 MILLION IN TCI.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND DEVELOPING PROGRAMS AND POLICIES TO SPECIFICALLY SUPPORT VULNERABLE POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS OVER $1.1 BILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES...
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.